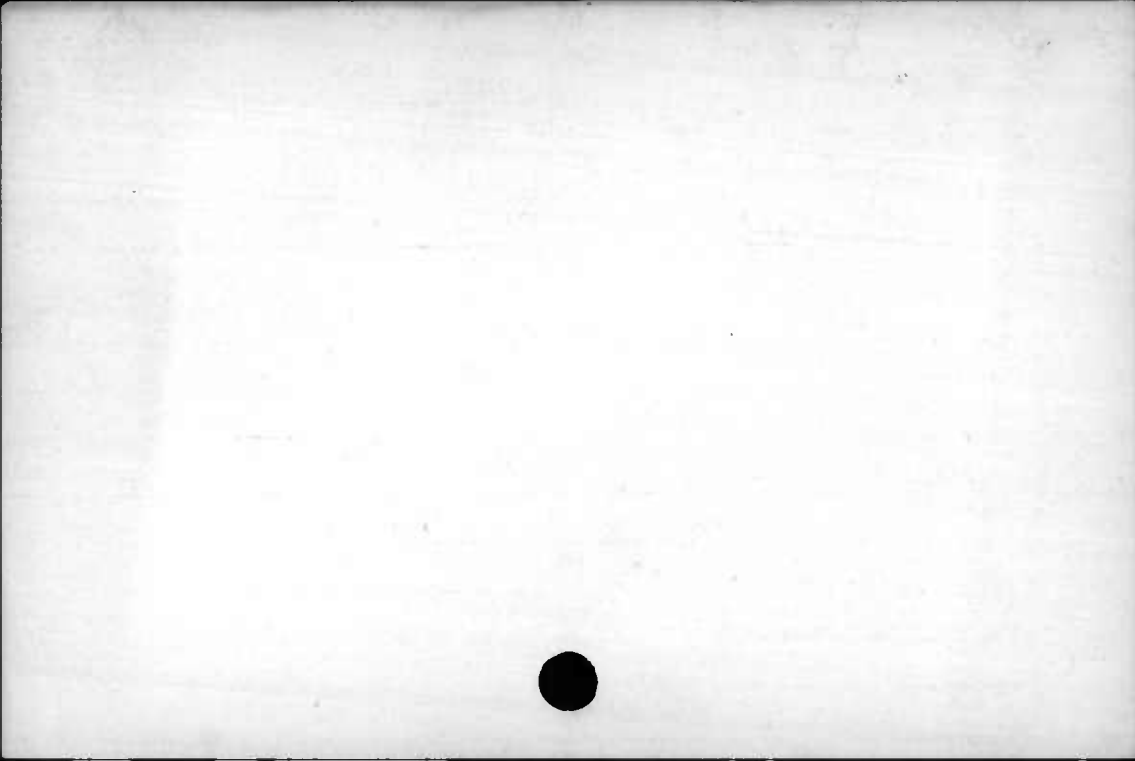


Name in Full		Edward Albough				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Liberty Town		Frederick		MARYLAND
	Date of death	1905	Month	Mar	Day	31 st	Age 70
					Years	3	Months 6
	Sex	Male		Color or Race	White		Birth-place
							Frederick Co
	Occupation		Surveyor		Where Residing if not at place of death		
	Married, Single or Widowed		Widower		Name of Wife or Husband		
Father's Name		Lewis A. Albough				Father's Birthplace	Frederick Co
Mother's Maiden Name		Susan R. Fox				Mother's Birthplace	Frederick Co
Name of person giving information		Mary M. Albough				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Mitral Regurgitation				How long	4 yrs
	Immediate	Hemiplegia				How long	6 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Liberty Town Md.		
Accident or Suicide?							



Name
in
Full

Eli Ausherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Knockville*County *Frederick*Date of death *1905* ^{Month} *Nov*^{Day} *8*Age ^{Years} *76*^{Months}^{Days}Sex *male*Color or
Race*white*Birth-
place*Ind*

Occupation

*Painter*Where Residing if not
at place of death~~Married~~, Single
or WidowedName of Wife or
~~Husband~~*Martha Elizabeth Ausherman*Father's
Name*David Ausherman*Father's
Birthplace*Ind*Mother's
Maiden Name*Polly Beaster*Mother's
Birthplace*Ind*Name of person giving
In formation*Bell H. Ausherman*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Lavin Frost**Brimmick Fred Co*

Accident or Suicide?

Knowlles

Name
in
Full

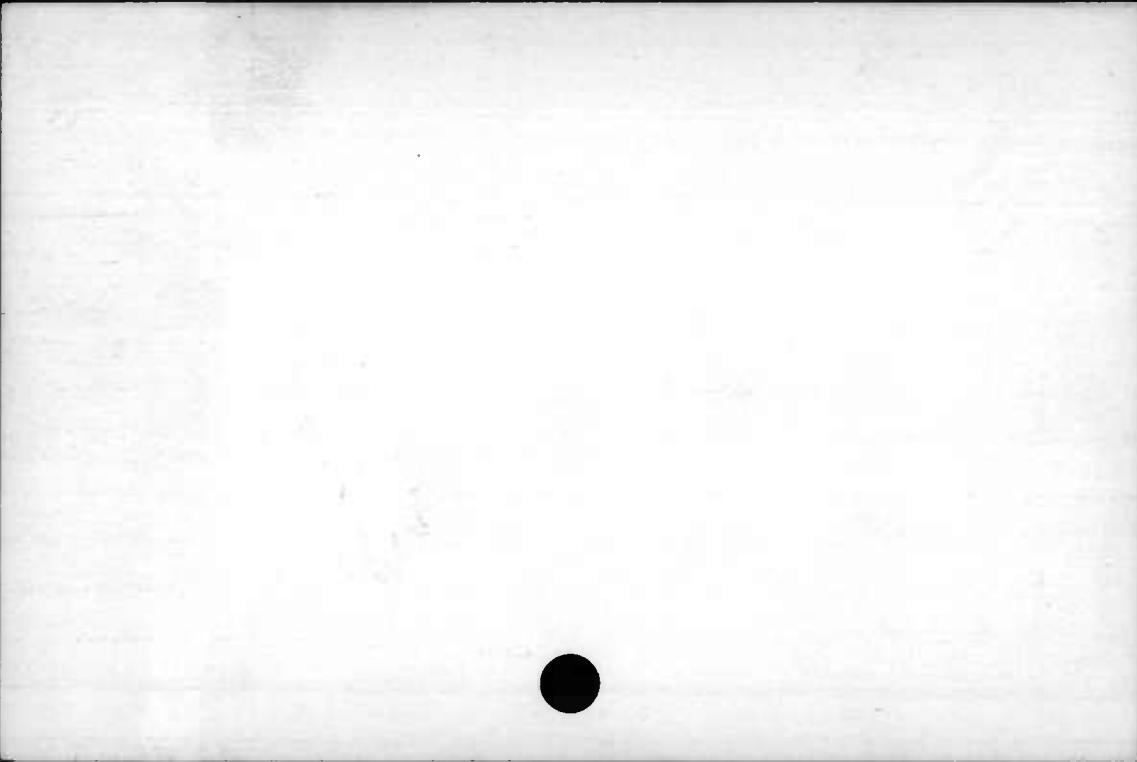
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		3	14	86		10	4
Sex	Female	Color or Race	White		Birth-place	MD	
Occupation				Where Residing if not at place of death			
			near Emmitsburg				
Married, Single or Widowed				Name of Wife or Husband			
			Widow of Isaac Barton				
Father's Name	George Gangh			Father's Birthplace			
			MD				
Mother's Maiden Name	Elizabeth Hockensmith			Mother's Birthplace			
			"				
Name of person giving information	Annie S. Dutton			How related to deceased			
			Niece				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Complications of diphtheria	How long	2 yrs
		Don't know	How long	2 weeks
	Immediate			
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	yes	Robert L. Arman		
		Address		
		Emmitsburg Md		
	Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Batter

Died at ^{Town} Burkittsville ^{County} Friedk

MARYLAND

Date of death 1905 Month 3 Day 29 Age 82 Years Months 4 Days 28

Sex Female Color or Race Colored Birth-place Md

Married, Single or Widowed Single Occupation Housekeeper

Name of Wife or Husband

Father's Name Benjamin House Father's Birthplace Md

Mother's Maiden Name Catherine Halland Mother's Birthplace Md

Name of person giving information Catherine Brooks How related to deceased Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Senile Gangrene 66 How long 8 mo
Immediate Paralysis How long 3 days

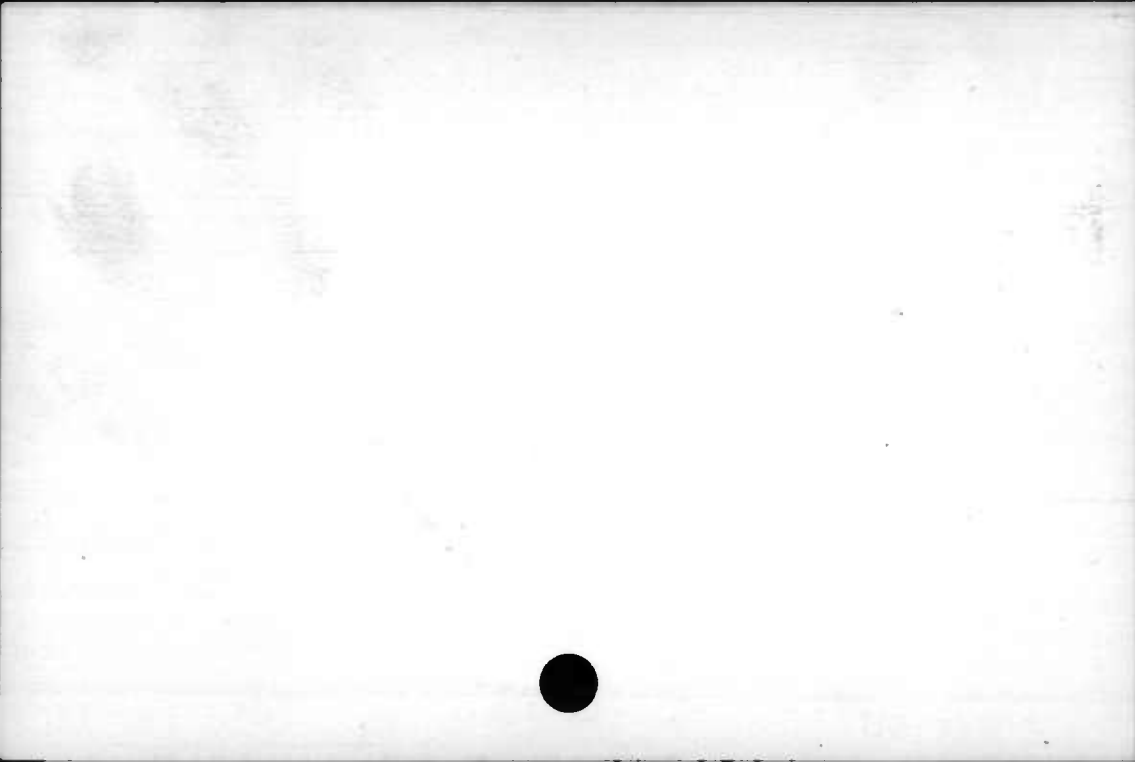
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo W. Yountee

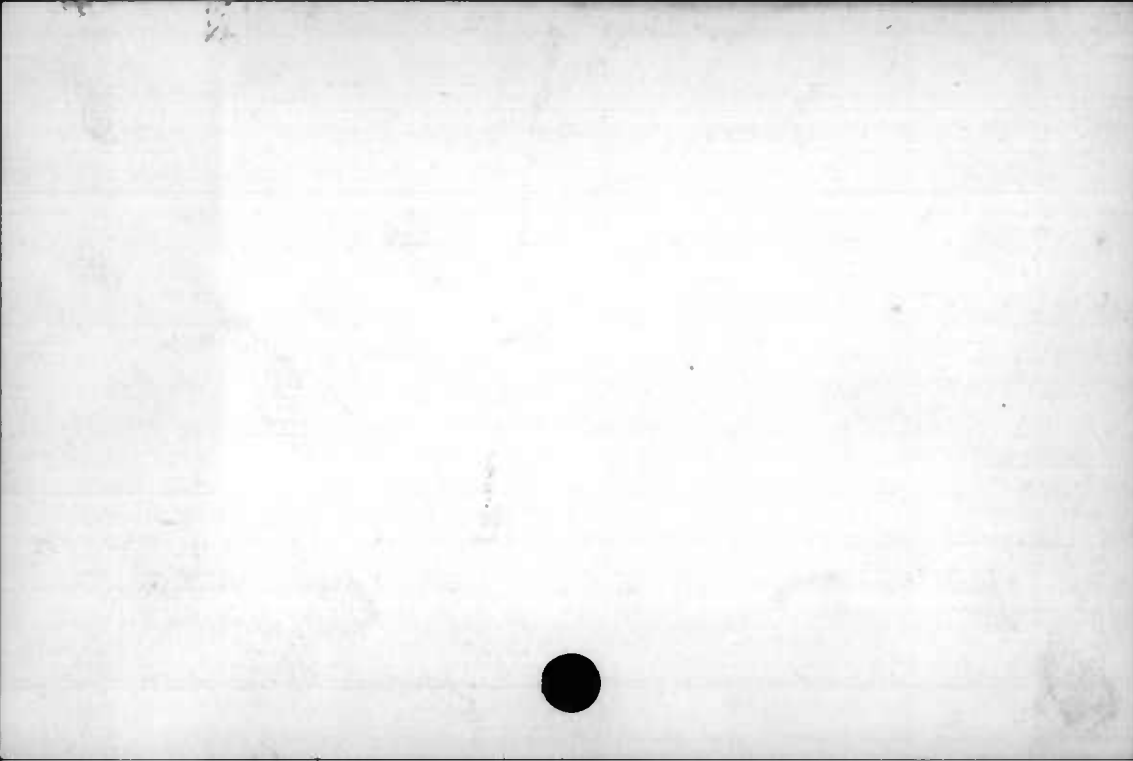
Address

Burkittsville Md

Accident or Suicide?



Name in Full		Jennie Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Unionville		Frederick		MARYLAND
	Date of death	1905	Month	March	Day	28	Age about 45
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Louis Brown		
	Father's Name	John Allen				Father's Birthplace	
	Mother's Maiden Name	Annie Gray				Mother's Birthplace	
	Name of person giving information	Catherine Stephenson				How related to deceased	
							None
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Nephritis				How long	One year
	Immediate	Congestion Lungs				How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		Yes -		Signature of Physician		
					Address		
Accident or Suicide?				Thos. P. Sappington Unionville, Maryland.			



Name in Full		Mary E. Burch				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Adamsstown		Frederick		MARYLAND	
	Date of death		1905	Month 3	Day 30	Age 84	Months	Days
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		Rt. 1, W., Adams	
	Where Residing if not at place of death							
	Married, Single or Widowed		Name of wife or Husband		John Burch			
	Father's Name		Father's Birthplace		Rt. 1, W., Adams			
Mother's Maiden Name		Mother's Birthplace		n n n				
Name of person giving information		Geo. N. Thomas		How related to deceased		grandson		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Smile		154		How long 3 yrs	
	Immediate		Heart failure				How long 10 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Ch. Burch	
	Address				Adamsstown		Frederick	
Accident or Suicide?								

Removed to Newington D.C.
Mar 30/05

Name
in
Full

Moses Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Years	Months	Days	
Sex		Color or Race		Age		Birth-place	
Male		Negro		about 70, exact age not known		Virginia	
Married, Single or Widowed		Occupation					
Widowed		Laborer					
Name of Wife or Husband							
Information not obtainable							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
C. W. R. Carr, M.D.				None			

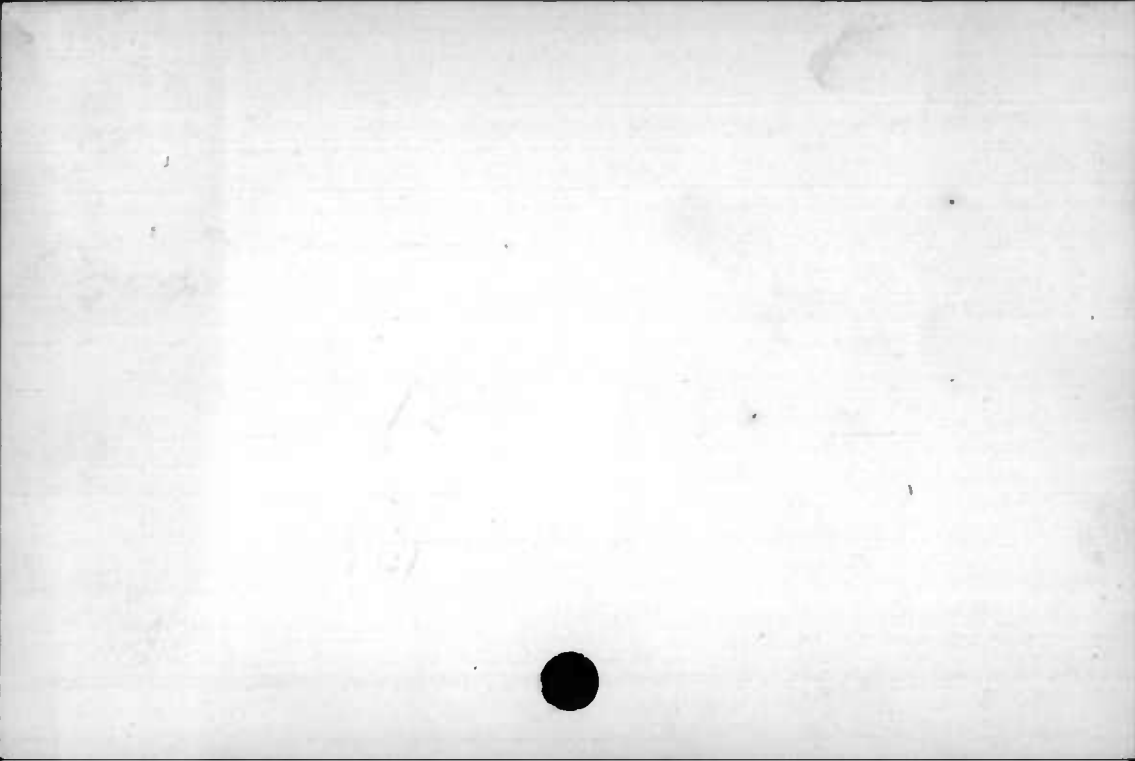
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Heart weakness	How long	93
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. W. R. Carr,	
		Address	
		Jefferson,	
		Md.	
Accident or Suicide?			

Mar 9.
Mountville,

Name in Full		Laura May Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Middletown		Frederick		MARYLAND	
	Date of death	1905	Month	Feb	Age	16	Months 8 Days 22
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Schoolgirl		Where Residing if not at place of death		Middletown Ind	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	M. L. Cook				Father's Birthplace	Maryland
	Mother's Maiden Name	Anna Post-				Mother's Birthplace	Virginia
Name of person giving information	Mellie Cook				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	
	Immediate	Exhaustion				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. L. Brookley
						Address	Middletown Maryland
Accident or Suicide?							



Name
in
Full

Wm Robert Dyer Dyer

CERTIFICATE OF DEATH

Died at ^{Town} Brunswick ^{County} Frederick MARYLAND

Date of death 1900 March 16 Age Years Months 3 Days 12

Sex Male Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband

Father's Name Noah W. Dyer Father's Birthplace Ind

Mother's Maiden Name Mary Elizabeth Neufel Mother's Birthplace Ind

Name of person giving information Mary Elizabeth Dyer How related to deceased Mother

CAUSES OF DEATH

Primary Indigestion or Inflammation of the Stomach How long 7 mo

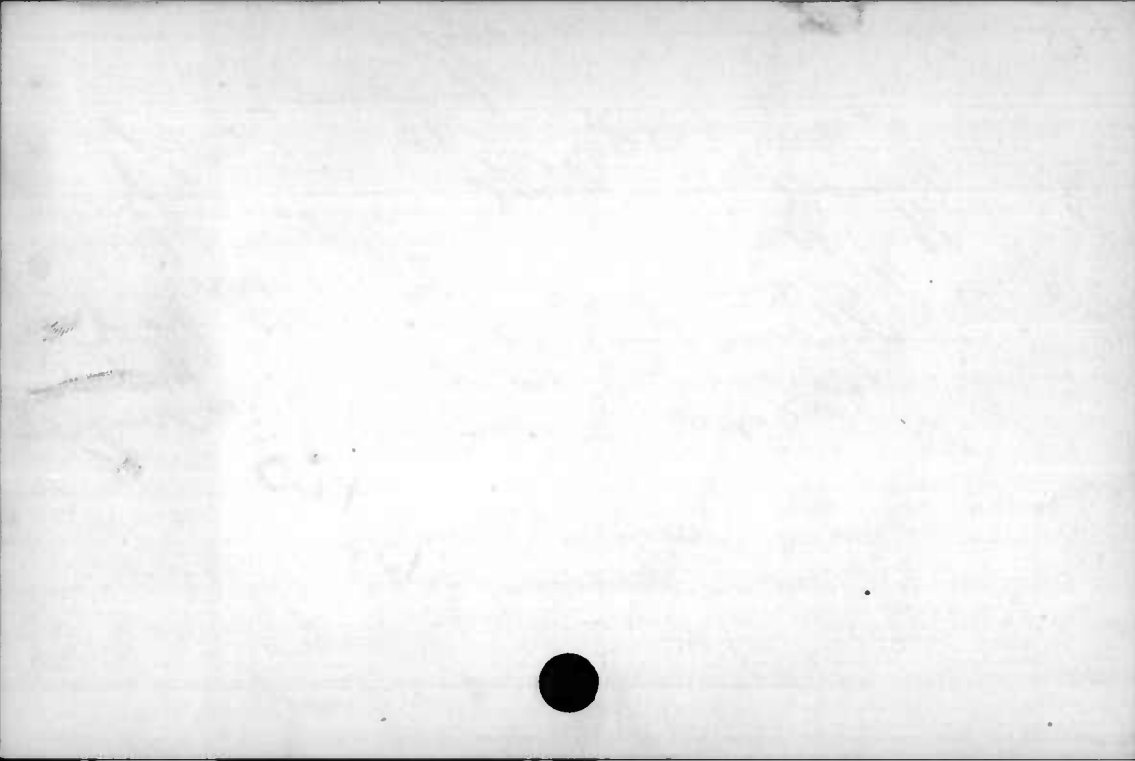
Immediate exhaustion How long 3 mo

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician L. H. West

Address Brunswick - Fredk Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elmora M. Enyle

CERTIFICATE OF DEATH

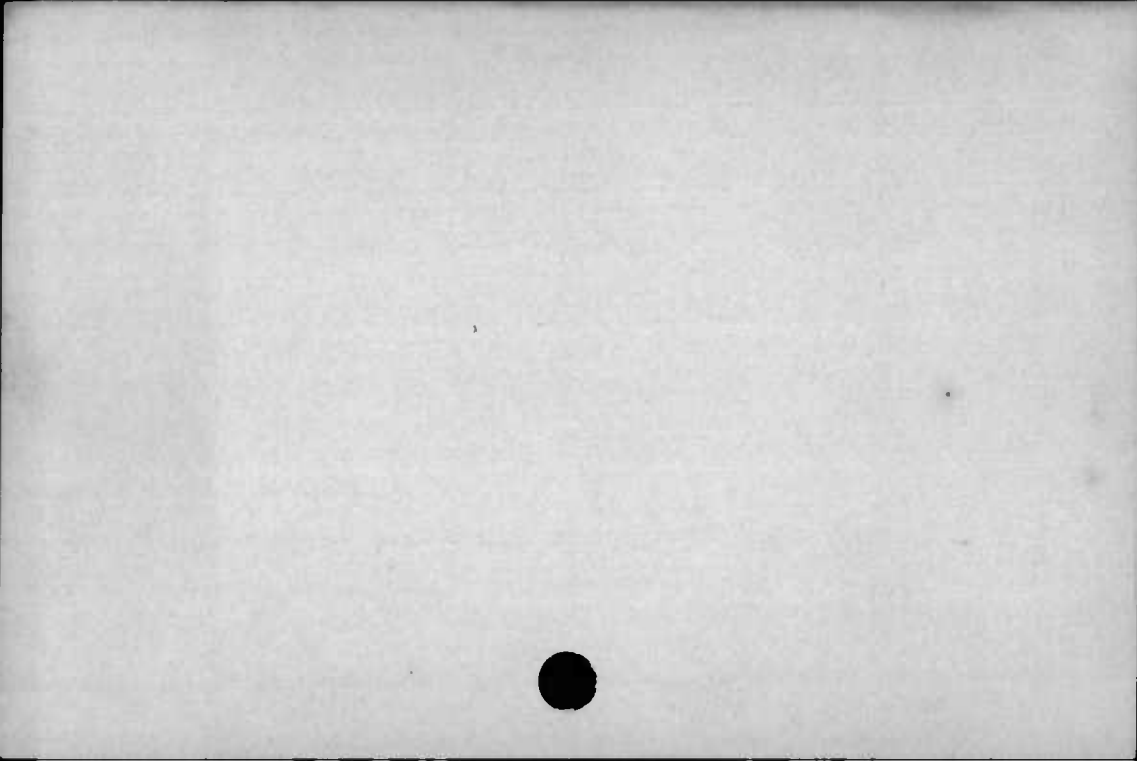
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brook Hill</i> ^{Town}		<i>Friedrich</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Mar.</i> ^{Month}	<i>21st</i> ^{Day}	<i>73</i> ^{Years}	<i>2</i> ^{Months}	<i>1</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>H. H.</i>	Where Residing if not at place of death <i>Yellow Springs</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Enyle</i>				
Father's Name <i>William Kinea</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mary Ann Roll</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mr Cannon</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Decay, Chronic</i>	How long <i>6 mo.</i>
Immediate <i>Nephritis, Chronic, Poisoning</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. H.</i>
	Address <i>Friedrich</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

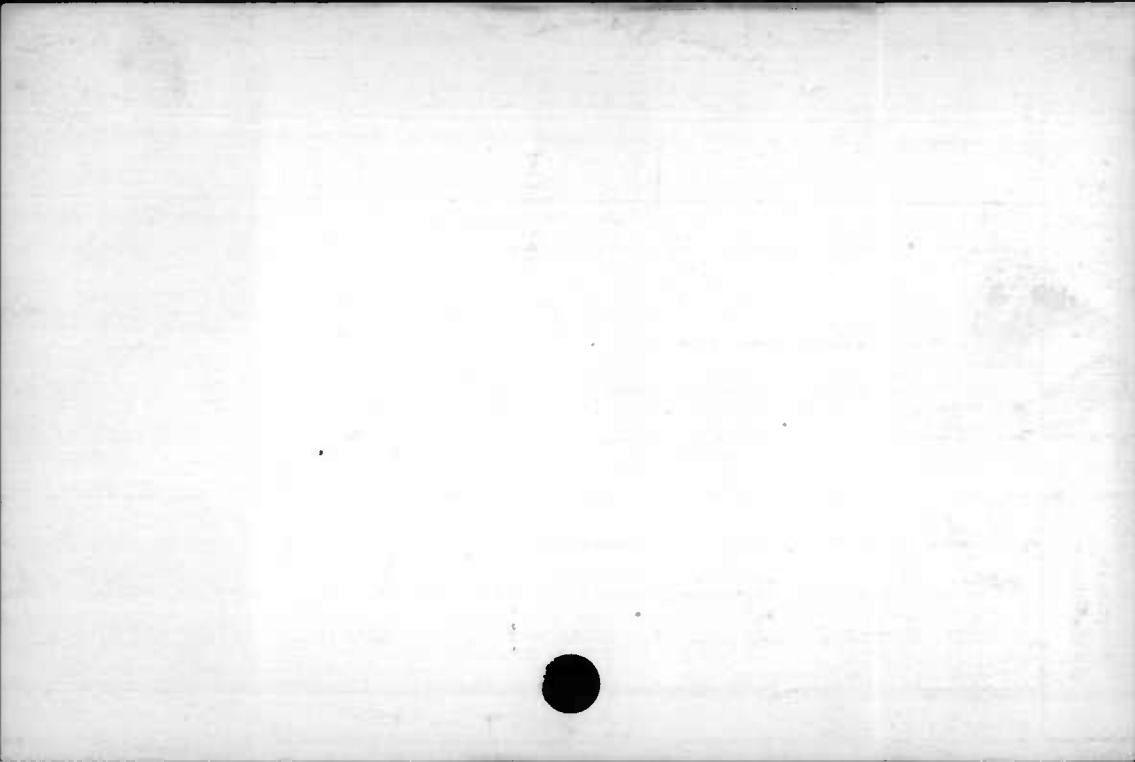
MARYLAND

Died at		Town <i>Graceland</i>		County <i>Frederick</i>	
Date of death	1905	Month <i>March</i>	Day <i>7</i>	Age <i>69</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death <i>2</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lusan E. Colliflower</i>				
Father's Name <i>Henry Fogle</i>	Father's Birthplace <i>Carroll Co;</i>				
Mother's Maiden Name <i>Elizabeth Eyster</i>	Mother's Birthplace <i>Carroll Co,</i>				
Name of person giving information <i>Walter Fogle</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright Disease and Heart Disease</i>	How long <i>About 5 years</i>
Immediate <i>Uremic poisoning</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. C. Stefanow</i>
	Address <i>Thurmont, Maryland</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

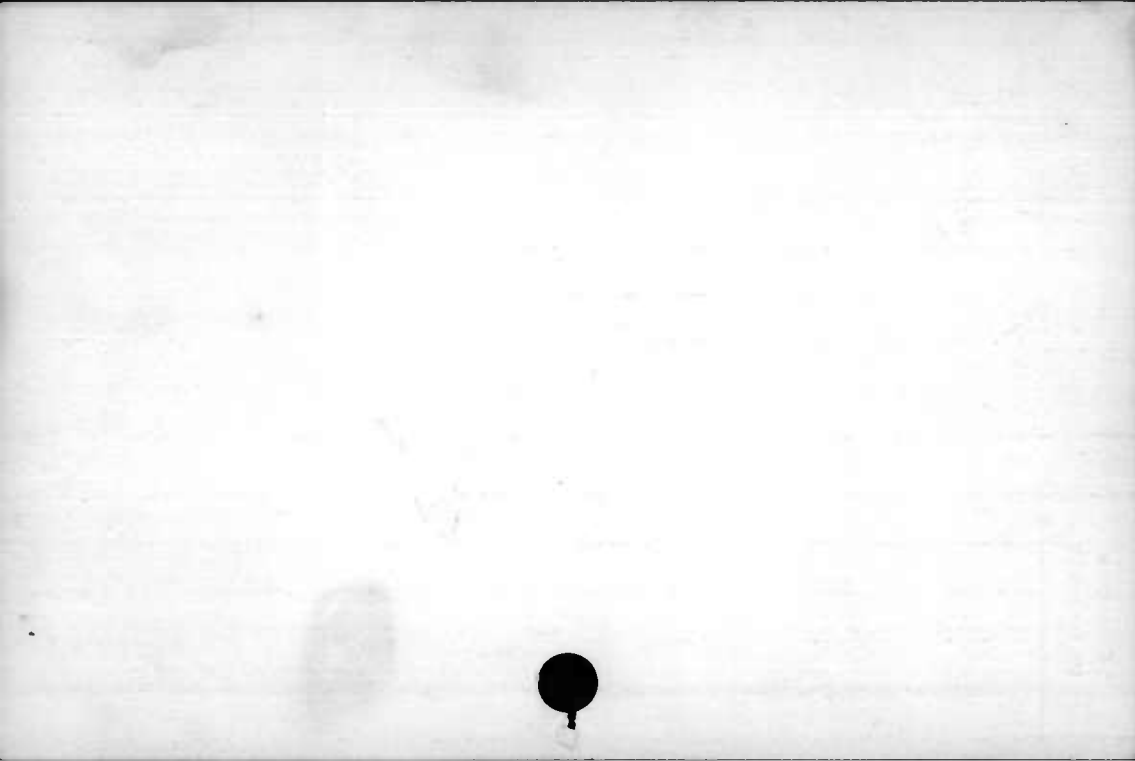
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary S. Hoyle</i>		Town <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>27</i>		Age <i>37</i>	
Date of death <i>1905</i>		Years <i>3</i>		Months <i>17</i>		Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Solomon Hoyle</i>					
Father's Name <i>Robert Goiby</i>		Father's Birthplace <i>Penn.</i>					
Mother's Maiden Name <i>Susan Eyster</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>Solomon Hoyle</i>		How related to deceased <i>Husband</i>					

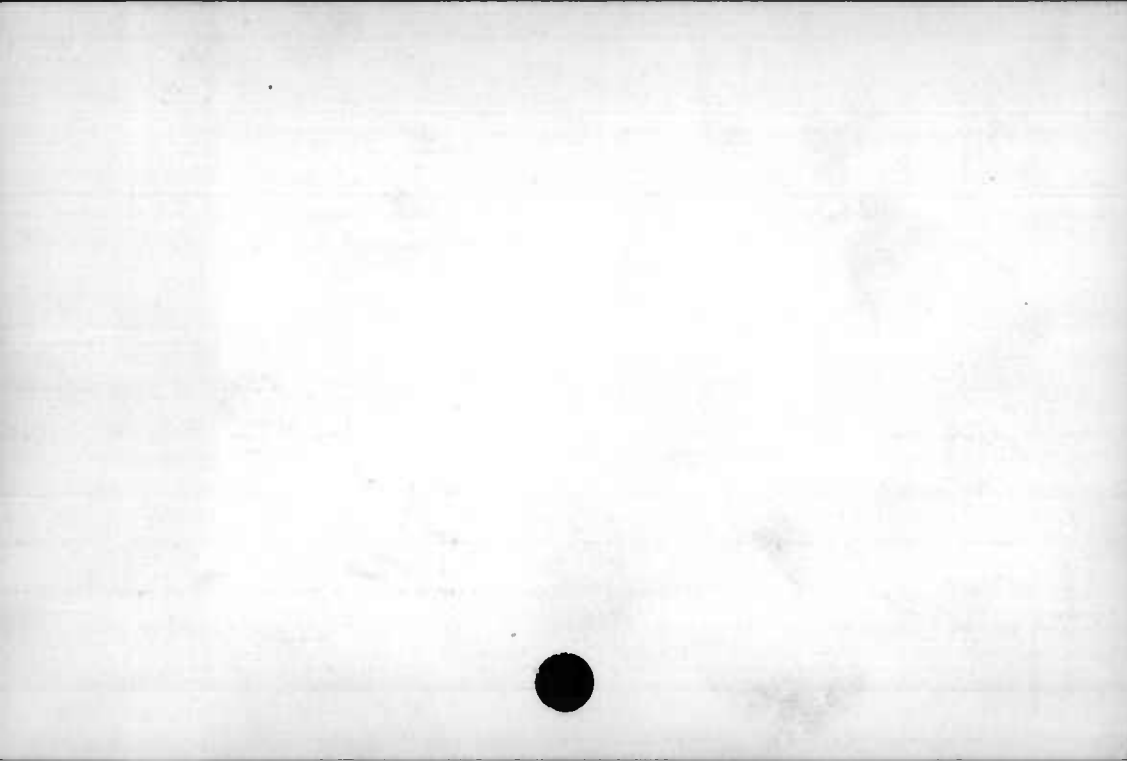
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>died suddenly</i>		How long <i>178</i>	
Immediate <i>presumably Heart Failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. C. Kefauver</i>	
		Address <i>Thurmont.</i>	
Accident or Suicide? <i>no</i>		<i>Wed</i>	



Name in Full		Ellen May Forrest.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Gorfield		County Frederick		MARYLAND		
		Date of death	1905	Month mch	Day 23	Age —	Months —	Years 4 hours
		Sex Female	Color or Race white		Birth- place Gorfield			
		Occupation Infant		Where Residing if not at place of death				
		Married, Single or Widowed —		Name of Wife or Husband —				
		Father's Name Otto L. Forrest		Father's Birthplace Gorfield, Md				
		Mother's Maiden Name Meta I. Wisener		Mother's Birthplace Gorfield, Md				
Name of person giving In formation Meta I. Wisener		How related to deceased mother.						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		451		How long		
		Immediate		Premature birth		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician A. J. Smith.		
				Address Wolfsville, Md.				
		Accident or Suicide?						



Name
in
Full

Matilda E. Frozier

CERTIFICATE OF DEATH.

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Frederick

County

Date of death 1905 3 14 Age 77 Months 1 Days 4

Sex Female Color or Race wh Birthplace Md

Occupation S.W. Where Residing if not at place of death X

Married, Single or Widowed

Name of Wife or Husband

David Frozier

Father's Name Jeremiah Frozier

Father's Birthplace Md

Mother's Maiden Name Catherine Pickens

Mother's Birthplace Md

Name of person giving information Clifford Frozier

How related to deceased Son

CAUSES OF DEATH

Primary Broncho Pneumonia

How long 11 days

Immediate Exhaustion

How long 92

Are the name, age, sex, color, date and place correctly given above?

Yr

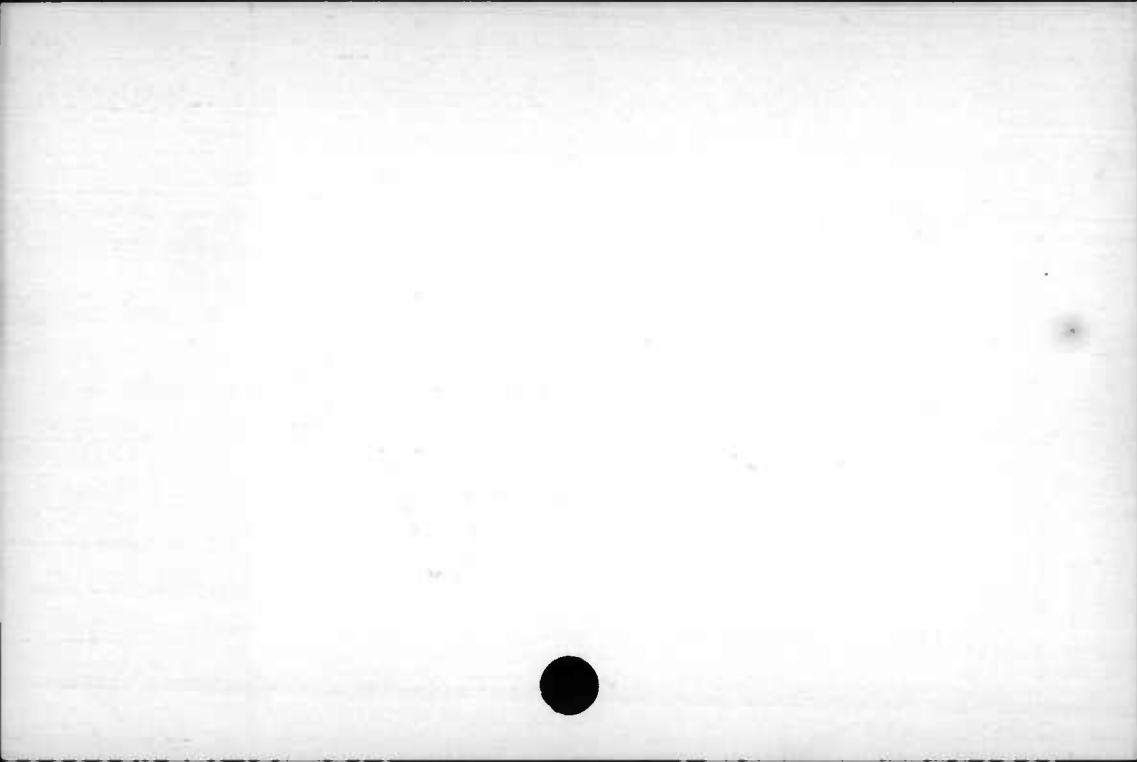
Signature of Physician

Address

W. F. Jordan, M.D.

Frederick, Md

Accident or Suicide?



Name
in
Full

Geisinger

CERTIFICATE OF DEATH

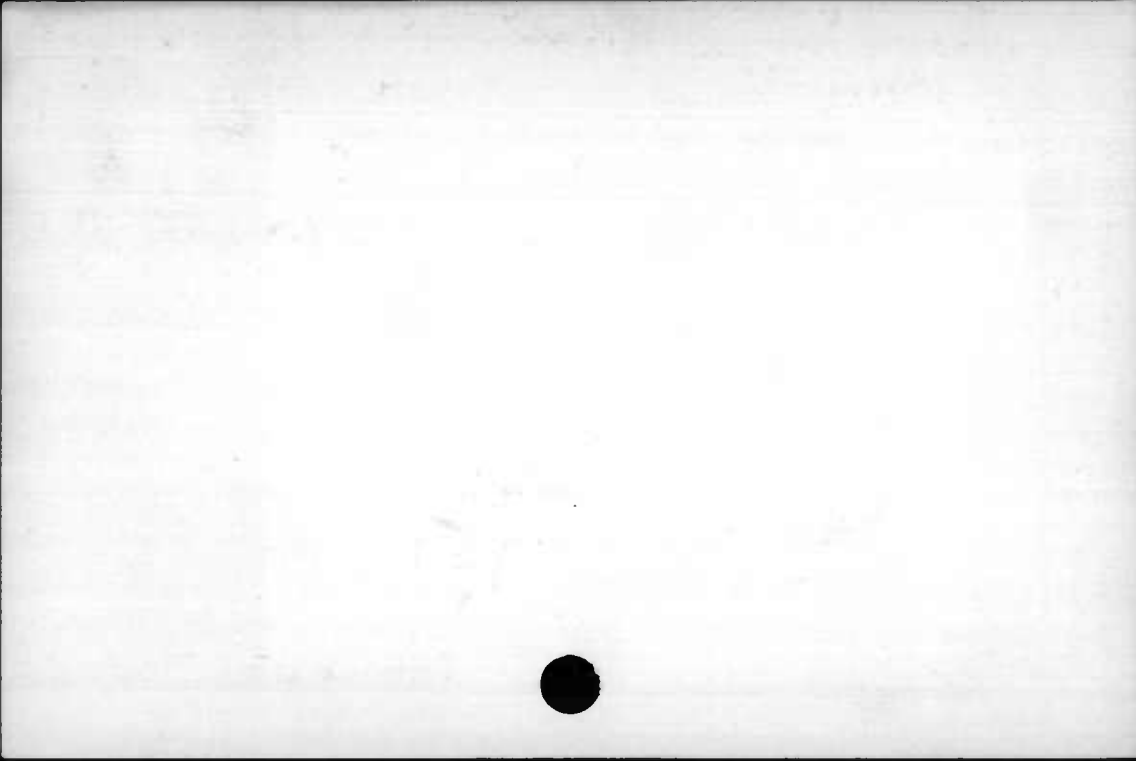
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville Md</i>		Town <i>Walkersville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>15</i>	Age	<i>60yrs</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Walkersville Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Infant</i>			
Father's Name	<i>Chas Geisinger</i>				Father's Birthplace	<i>Fredrick Md</i>	
Mother's Maiden Name	<i>Alva Coval</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>J. D. Michoudemus Md</i>				How related to deceased	<i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>15x</i>		How long	<i>—</i>
Immediate	<i>Inunction</i>		How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>investigator</i>	<i>Dr. T. E. R. MILLER,</i> <i>FREDERICK, MD.</i>	
Accident or Suicide?				



Name
in
Full

Aldoda B. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leine Kiln</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>3</i>	Day <i>11</i>	Age <i>—</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Same</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Green</i>		Father's Birthplace <i>Med</i>			
Mother's Maiden Name <i>Mary Brown</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Daniel Green</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. T. E. R. MILLER</i>
	Address <i>FREDERICK, MD.</i>
Accident or Suicide?	<i>over</i>

Interment at Hope Hill

" Near 12th

Thomas P. Rice

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date of death 1905	Month 3	Day 1	Age 2	Years	Months	Days
--------------------	---------	-------	-------	-------	--------	------

Occupation	Ph.D.	Where Residing if not at place of death
------------	-------	-----------------------------------------

Father's Name *Helmer Larsen*

Mother's
Maiden Name Hattie White

Name of person giving information *Delaney & Gross*

Father's Birthplace *Mad*

Mother's Birthplace *Wd*

How related to deceased	Father
-------------------------	--------

CAUSES OF DEATH

Primary *Cold*

How long One week

Immediate *Dissemination*

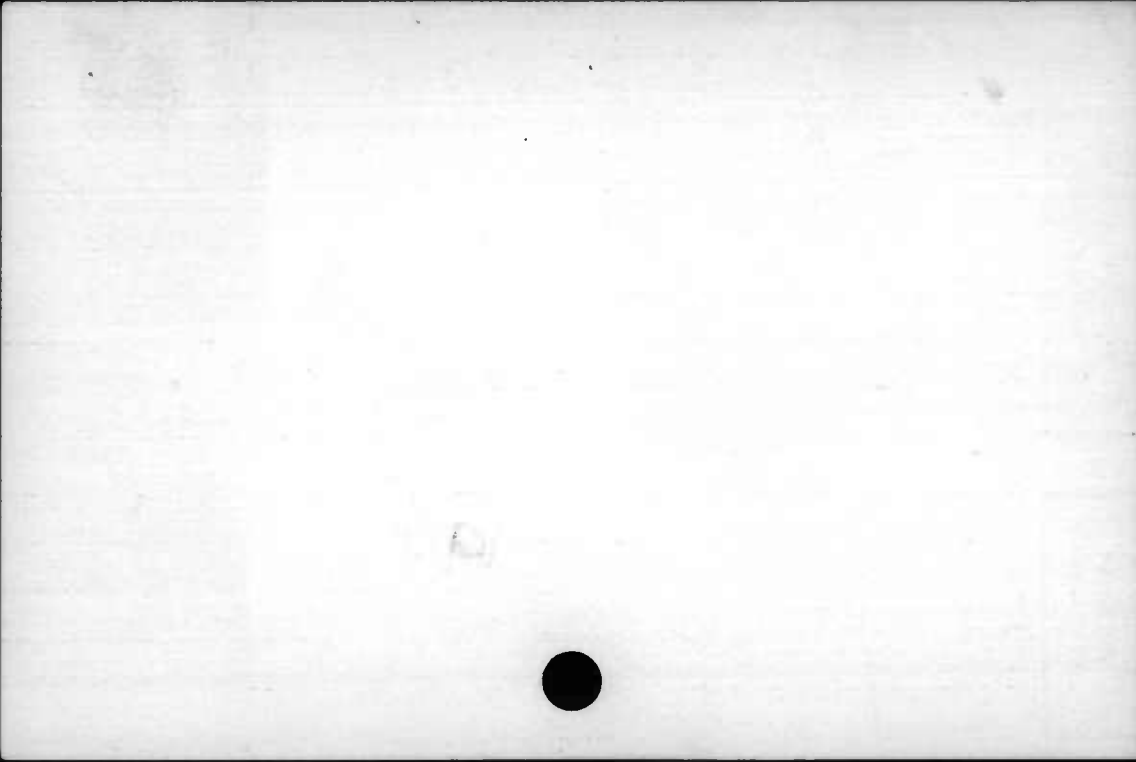
How long Immediate

Are the name, age, sex, color, date
and place correctly given above? *Yes*

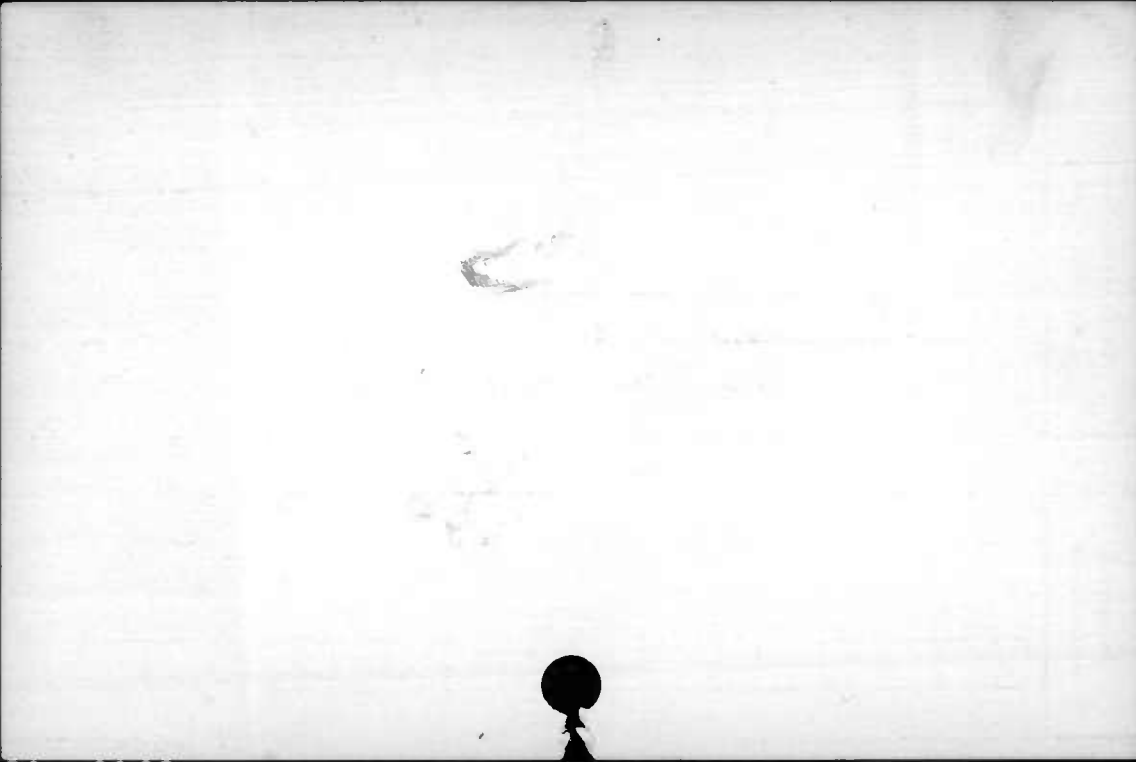
Signature of Physician *Geo. W. Hunter*

Address Berkshire Co

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
Catherine Barbara Hardy		Town Burkittsville		County Frederick	
Died at		MAYLAND			
Date of death	1905	Month 3	Day 13	Age 67	Months 3
Sex Female	Color or Race White	Birth- place Md		Days 9	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband Dr T. E. Hardy.			
Father's Name	Michael Wiener	Father's Birthplace Bavaria Germany			
Mother's Maiden Name	Ann Margaret Mety	Mother's Birthplace Bavaria Germany			
Name of person giving information	Henry M. Wiener	How related to deceased Brother.			
CAUSES OF DEATH					
Primary	La grippe	How long		Two wks	
Immediate	Peritonitis	How long		Four days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Geo Yantee	
Yes		Address		Burkittsville Md.	
Accident or Suicide?					



Name
in
Full

Charles H. Hargitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

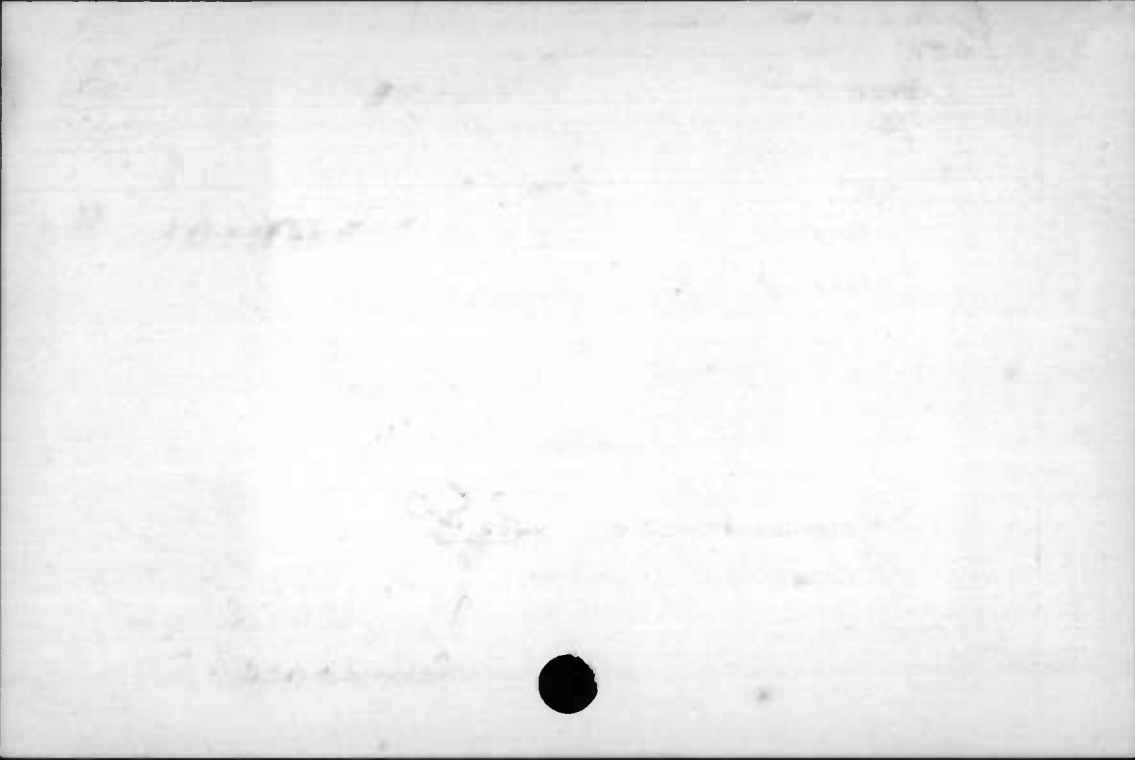
MARYLAND

Died at <i>Indwell</i> Town		<i>Indwell</i> County			
Date of death	1905	Month	Mar	Day	18
Sex	Male	Color or Race	White	Age	55
Occupation	Farmer	Birth-place	Fredrick Co Md	Months	1
Where Residing if not at place of death		Days 21			
Married, Single or Widowed		Name of Wife or Husband <i>Annin Keller</i>			
Father's Name <i>Abraham Hargitt</i>		Father's Birthplace <i>Fredrick Co Md</i>			
Mother's Maiden Name <i>Catharine Stockman</i>		Mother's Birthplace " " "			
Name of person giving information <i>Mrs Chas H Hargitt</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary	<i>Chronic Alcoholism</i>	How long	<i>50</i>
Immediate	<i>Uræmia & Sepsæmia</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Johnson</i>	
<i>Yes</i>		Address <i>Indwell Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

George W. Helms

CERTIFICATE OF DEATH

D. Co.
MARYLANDTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i> ^{Town}		<i>Piggstown</i> ^{County}			
Date of death 190 <i>1</i> ^{Month} <i>Jan</i> ^{Day} <i>21</i>		Age <i>70</i> ^{Years}		Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>DC</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Fredrick Co. Md</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>1 hr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Vern Fresh</i>
	Address <i>Brunswick, Fred Co</i>
Accident or Suicide?	

12 months

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pearl</i> Town		<i>Fredricks</i> County	
Date of death <i>1905</i> Month <i>3</i> Day <i>26</i>	Age <i>69</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Dumfries</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Pearl</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information <i>Son of Deceased</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>6 days</i>
Immediate <i>Apoplexy</i>	How long <i>15 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. M. Cuddy</i>
	Address
Accident or Suicide?	

Schneider
Pearl and

Name
in
Full

CERTIFICATE OF DEATH

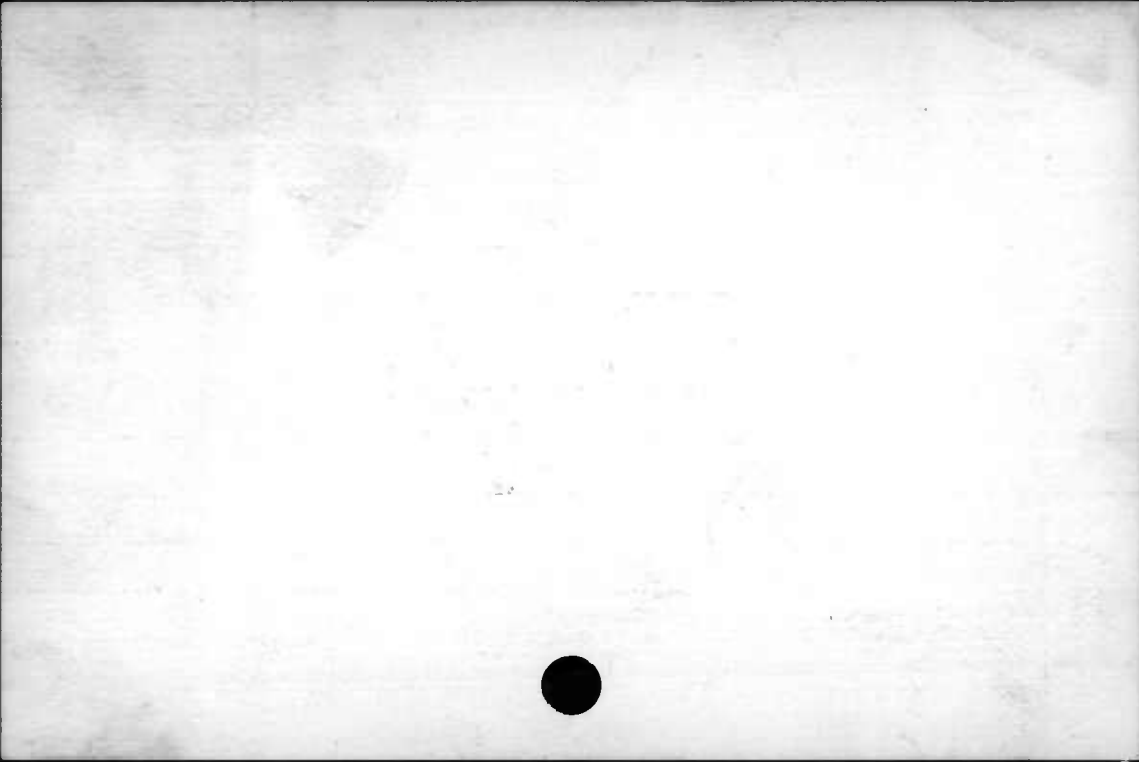
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>North Blanche Julia</i>		Town <i>Blountfield</i>		County <i>(Fredk) Frederick</i>		MARYLAND	
Died at <i>Blountfield</i>		Month <i>3</i>		Day <i>28</i>		Years <i>1</i>	
Date of death <i>1905</i>		Month <i>3</i>		Day <i>28</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredon Co</i>		Months <i>4</i>	
Occupation <i>(Date)</i>		Where Residing if not at place of death <i>Fredon Co</i>		Days <i>7</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Garnville C Holtz</i>		Father's Birthplace <i>Fredon Co</i>					
Mother's Maiden Name <i>Ada S Wachten</i>		Mother's Birthplace <i>Fredon Co</i>					
Name of person giving information <i>Garnville C Holtz</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>6 mos.</i>	
Immediate <i>Apnoea</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. P. Fahrney M.D.</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Lydia House

CERTIFICATE OF DEATH

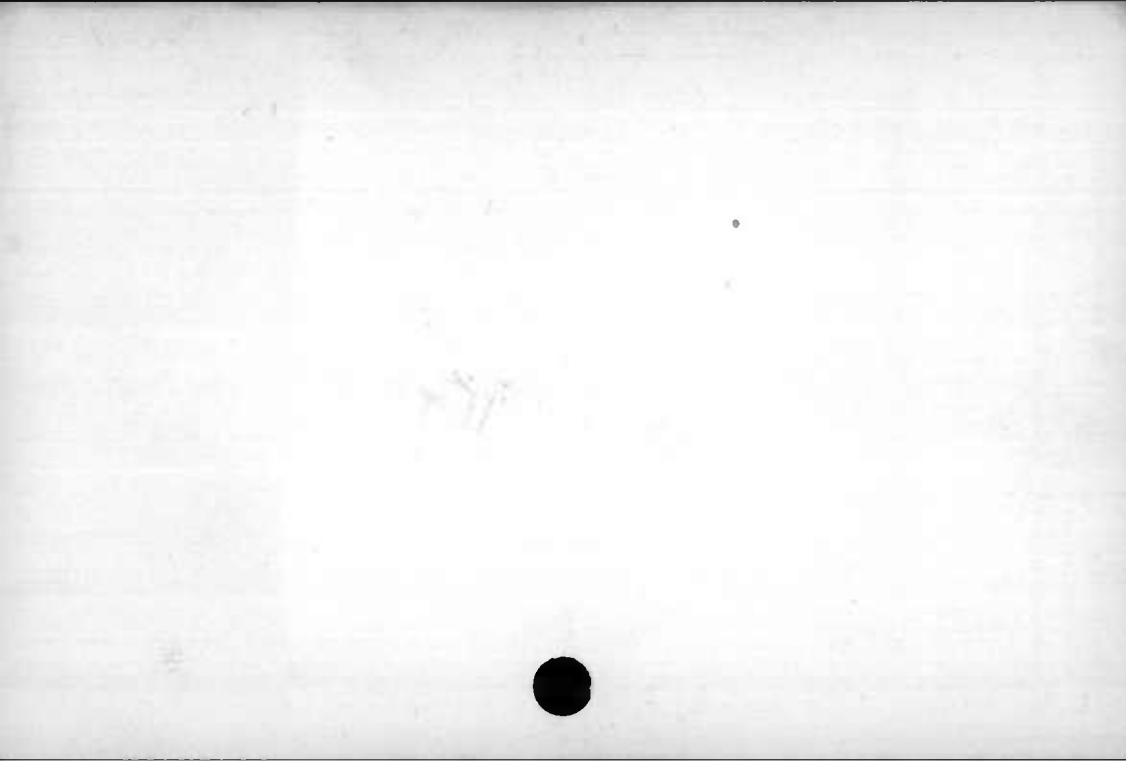
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monterve Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>March</i>	Day <i>21</i>	Age	<i>76</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	
Immediate	<i>Hypostatic Pneumonia</i>	How long	
Are the name, age, sex, date and place correctly given above?		Signature of Physician	
		Address <i>R. S. Lyson</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

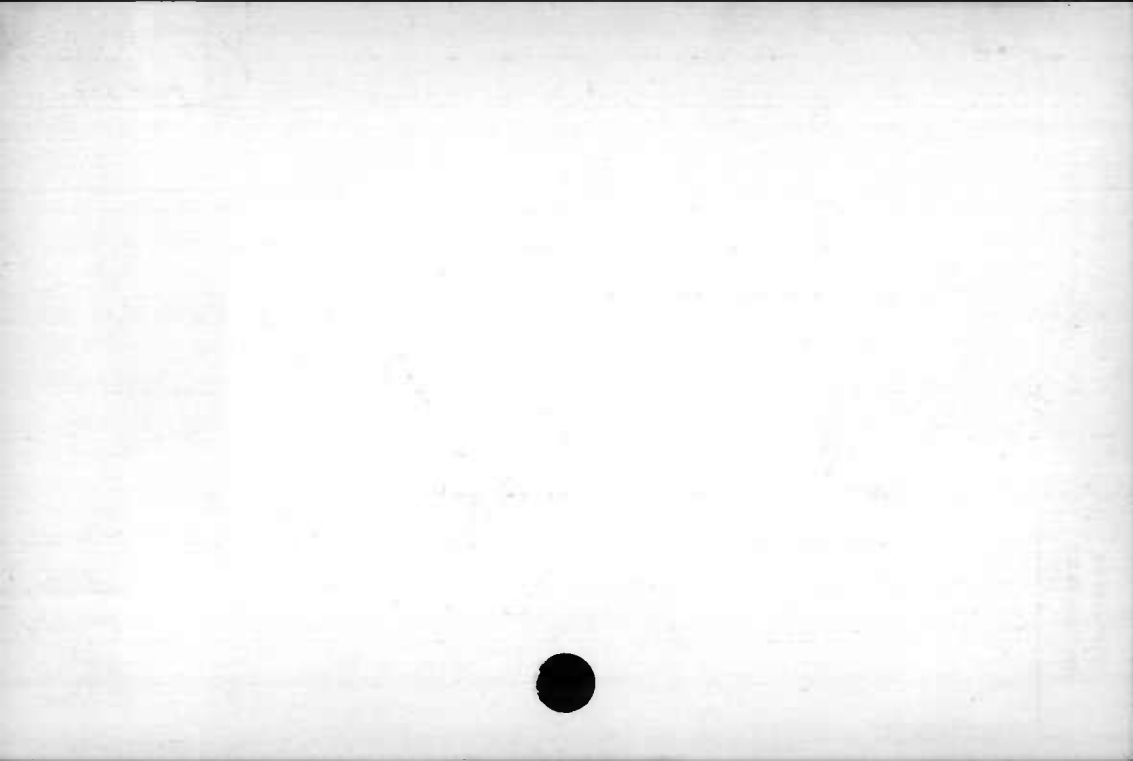
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1903	Month <i>March</i>	Day <i>26th</i>	Age <i>67</i>	Years	Months <i>10</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White American</i>		Birth-place <i>Liberty, Md.</i>		<i>Colony</i>		
Occupation <i>Magistrate</i>			Where Residing if not at place of death <i>6</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ruth Maynard</i>					
Father's Name <i>John Jones</i>		Father's Birthplace <i>Carroll Co. Md.</i>					
Mother's Maiden Name <i>Mary Galt</i>		Mother's Birthplace <i>Carroll Co. Md.</i>					
Name of person giving information <i>Miss Repp</i>		How related to deceased <i>Sister</i>		<i>120</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>arterio-sclerosis, chronic atherosclerosis and mitral incompetency.</i>	How long	<i>1 1/2 years</i>
Immediate	<i>Cerebral and Pulmonary Edema</i>	How long	<i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. C. Maynard</i>	
		Address <i>Thurmont, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

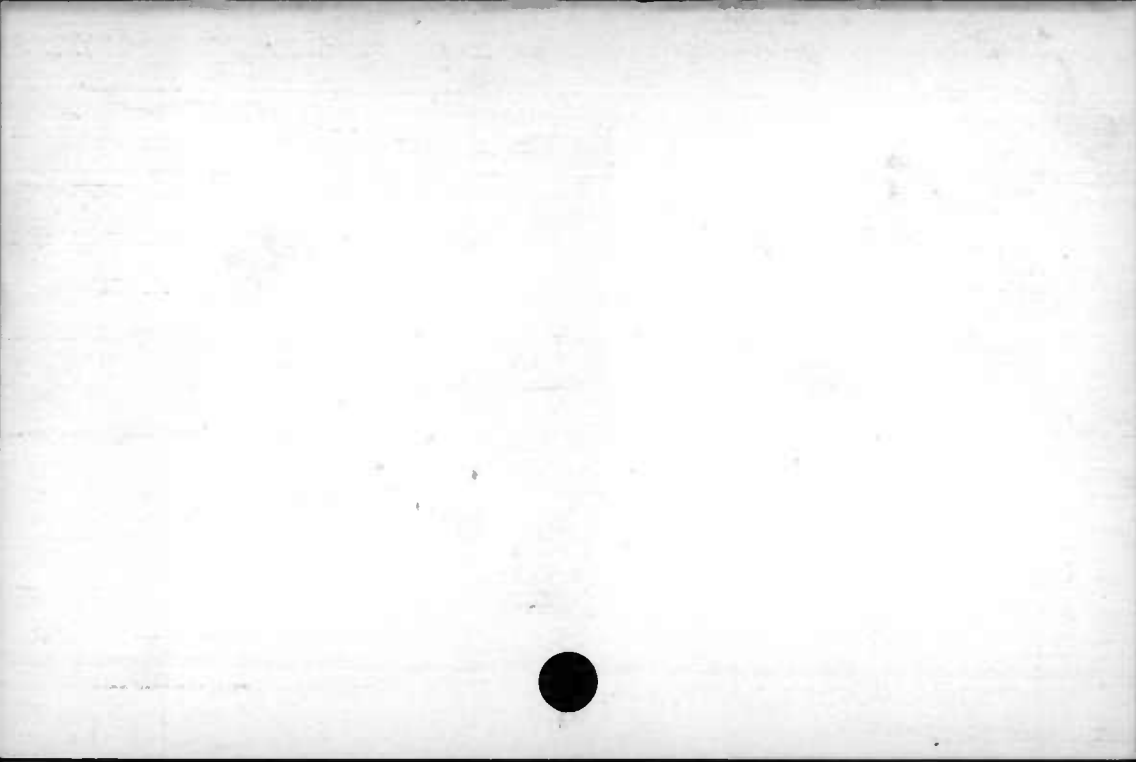
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Noah Kornb-		Town Emmitsburg		County Frederick		STATE MARYLAND	
Died at Emmitsburg		Month July		Day 18		Years 75	
Date of death 1905		Months 3		Days 7			
Sex Male		Color or Race White		Birthplace Carroll Co.			
Occupation Retired		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Wm Kornb-		Father's Birthplace Carroll Co.					
Mother's Maiden Name Elizabeth Sheets		Mother's Birthplace " "					
Name of person giving information Mrs. Wrenzell		How related to deceased Sister					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 1/66
Immediate Pulmonary Congestion	How long 5 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Robert L. Armon
	Address Emmitsburg Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

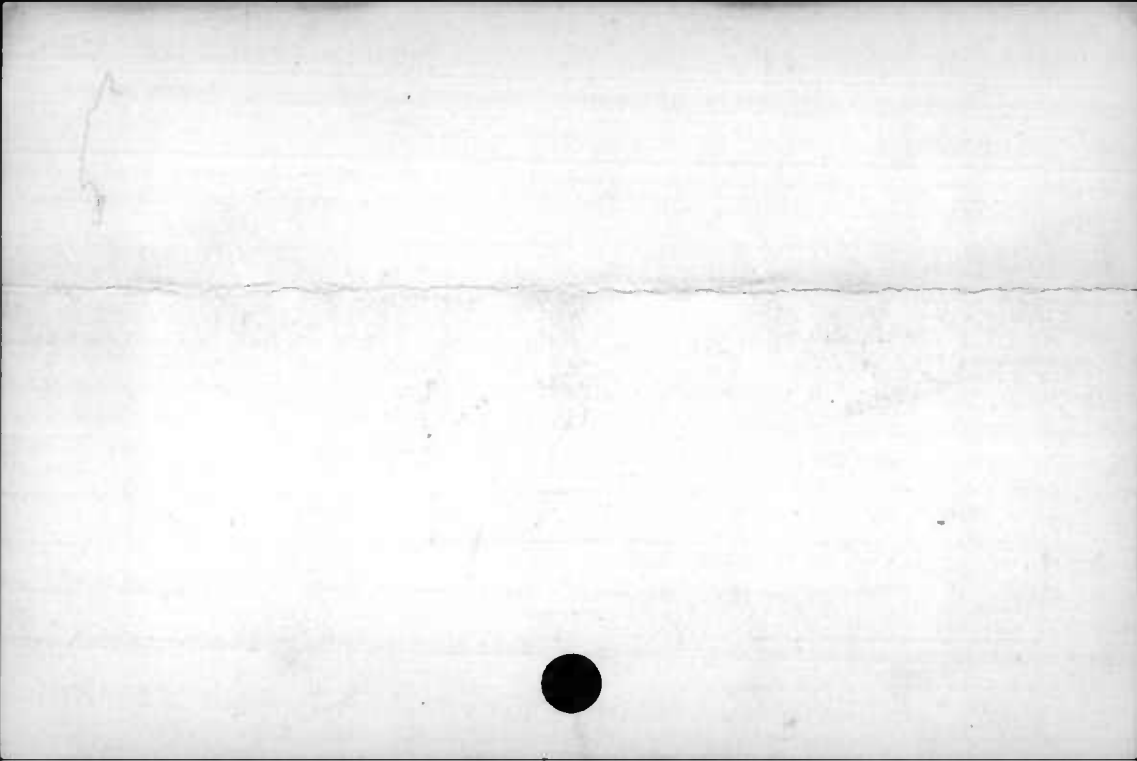
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adamsstown</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>15</i>	Age <i>4</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Walter B. Krouty</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>W. E. Doll</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Emphysema</i>	How long <i>10 days</i>
Immediate <i>Membranitis</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. H. Bentley</i>
	Address <i>Adamsstown</i>
Accident or Suicide?	<i>md.</i>



Name
in
Full

CERTIFICATE OF DEATH

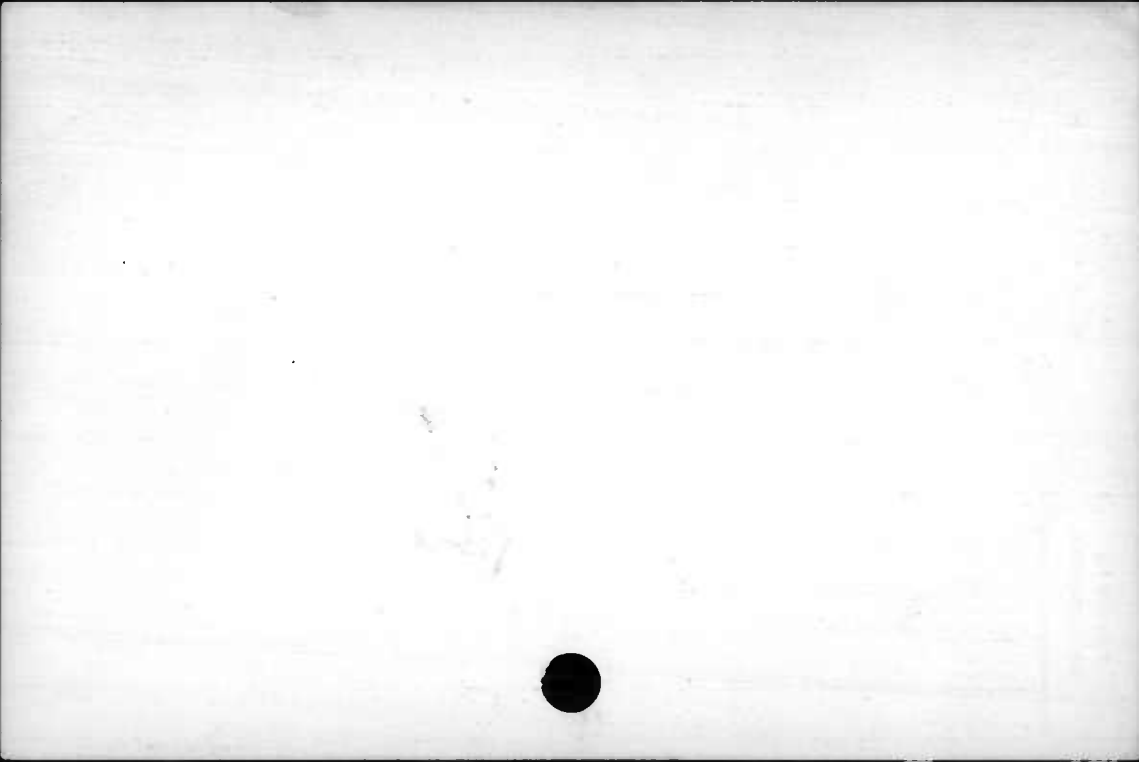
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ornfield</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1902</i>	Month <i>Mar</i>	Day <i>20</i>	Years <i>78</i>	Months <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick Co Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Lantz</i>				
Father's Name <i>Jacob Behrman</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Nancy Rye Lantz</i>	Name of person giving information <i>John R. Lantz</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>and Arterio-sclerosis</i> <i>Organic Heart Disease & Chronic Bright's</i>	How long <i>4 years</i>
Immediate <i>Hemiplegia</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Cleaver</i>
	Address <i>Thurmont,</i> <i>Maryland</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lewistown</i> <small>Town</small>		<i>Fredric</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>26</i> <small>Day</small>	Age <small>Years</small>	<small>Months</small> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Lewistown, Md</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Jacob Layman</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Bird Miller</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information				How related to deceased	

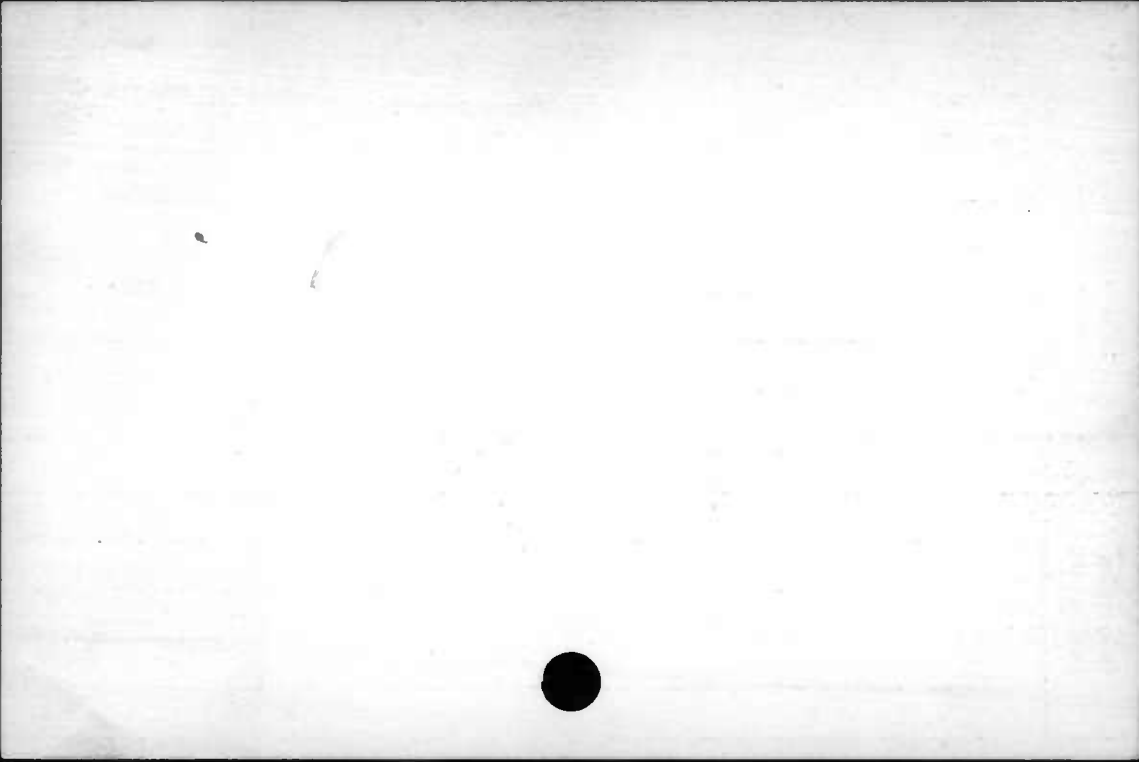
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Protracted Labor</i>	How long	<i>140</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. T. E. R. MILLER</i>
<i>Mrs. Gates</i>		Address	<i>FREDERICK, MD.</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Naomi Lewis		TOWN Kempblow		COUNTY Frederick	
Died at		MARYLAND			
Date of death	1905	Month	Mar	Day	27
Age	—	Years	—	Months	4
Sex	Male	Color or Race	White	Birth-place	MD
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	—		Name of Wife or Husband —		
Father's Name	James C. Lewis			Father's Birthplace	MD
Mother's Maiden Name	Mattie Jones			Mother's Birthplace	MD
Name of person giving information	A. B. Lewis			How related to deceased	Grandfather
CAUSES OF DEATH					
Primary	Heart trouble Congenital			How long	Since birth
Immediate	Exhaustion			How long	—
Are the name, age, sex, color, date and place correctly given above?			yes		
Signature of Physician			R. C. Fow M.D.		
Address			Kempblow MD		
Accident or Suicide?			—		



Name
in
Full

CERTIFICATE OF DEATH

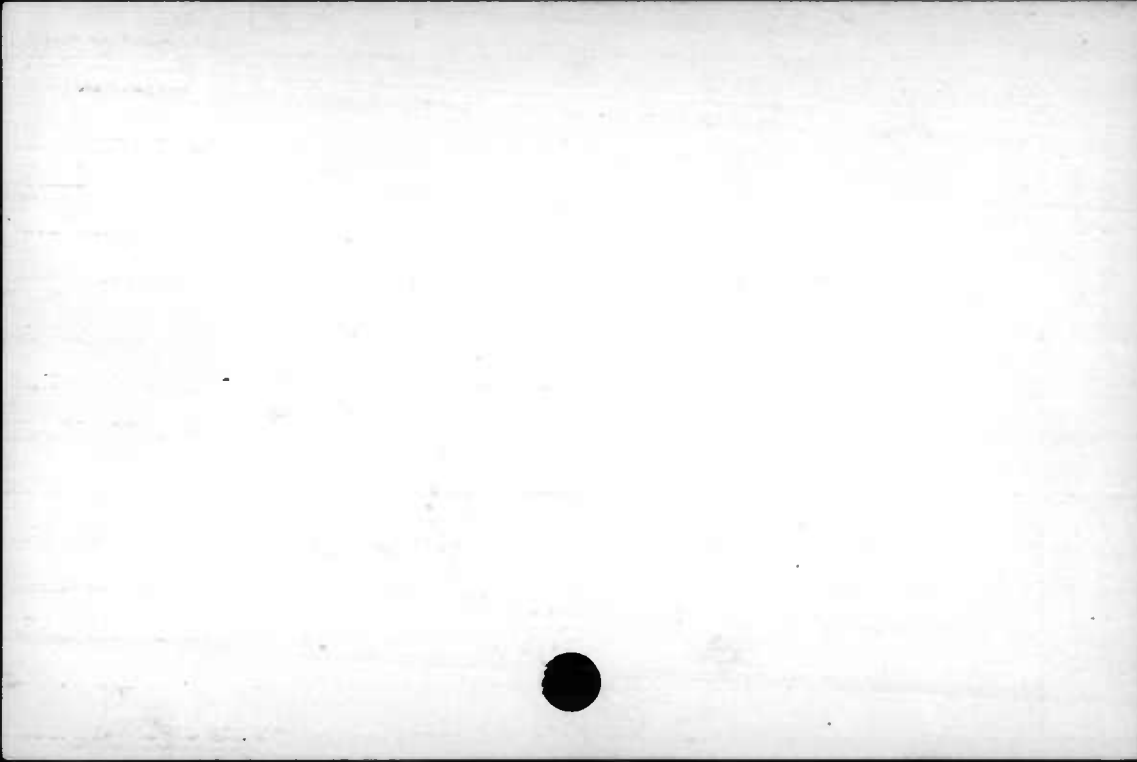
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rufus E. Lewis</i>		Town <i>near wolfsville</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>near wolfsville</i>		Month <i>mch</i>		Day <i>31</i>		Age <i>—</i>	
Date of death <i>1905</i>		Month <i>mch</i>		Day <i>31</i>		Years <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>near wolfville</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward J. Lewis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ammie C. Himes</i>		Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>Edward J. Lewis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>190</i>	How long	<i>3 days</i>
Immediate	<i>Acute Bronchitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Smith</i>	
		Address <i>Wolfsville</i>	
		<i>md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

John C. McMullen no. 7
Died at, Near New Market - Frederick Co.
Date of death 1905 March 31 Age — Months — Days 3
Sex Male Color or Race White Birth-place Md
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Charles McMullen Father's Birthplace Md
Mother's Maiden Name Etta Mohrworth Mother's Birthplace Md
Name of person giving information Charles McMullen How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congenital Hydrocephalus How long 3 days
Immediate 150 How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins Jr. M.D.

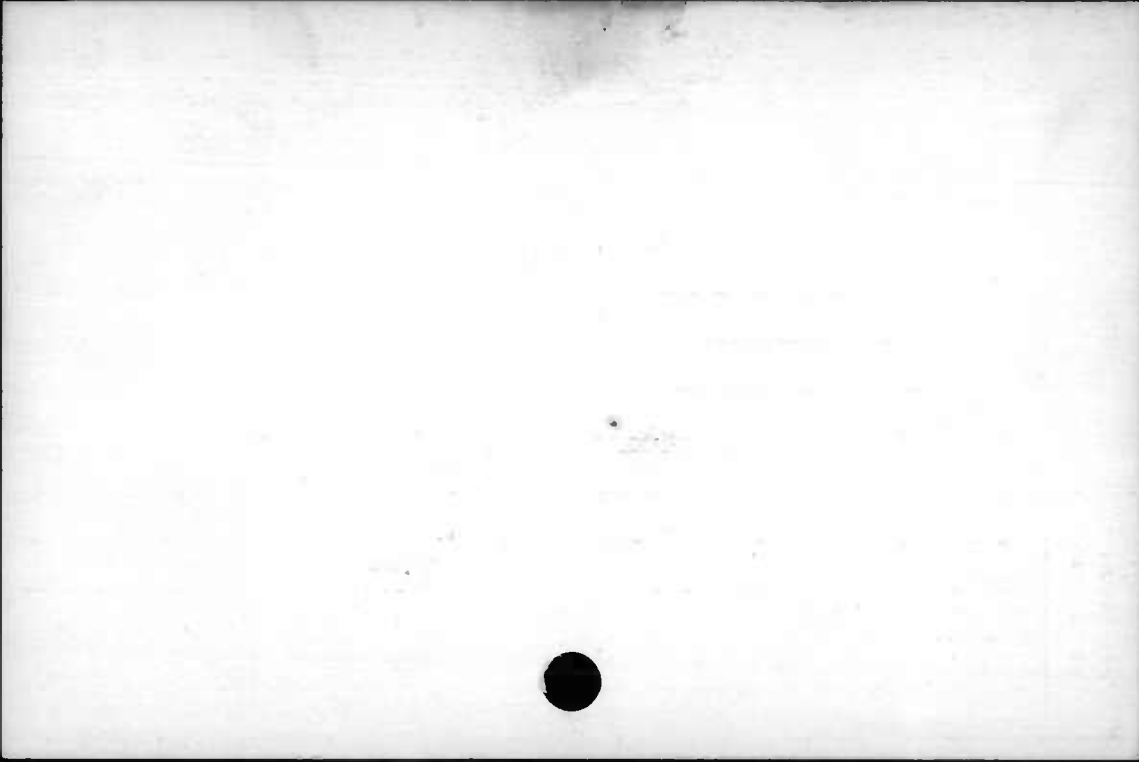
Address

New Market

Accident or Suicide?

no

Frederick Co., Maryland



Name
in
Full

CERTIFICATE OF DEATH

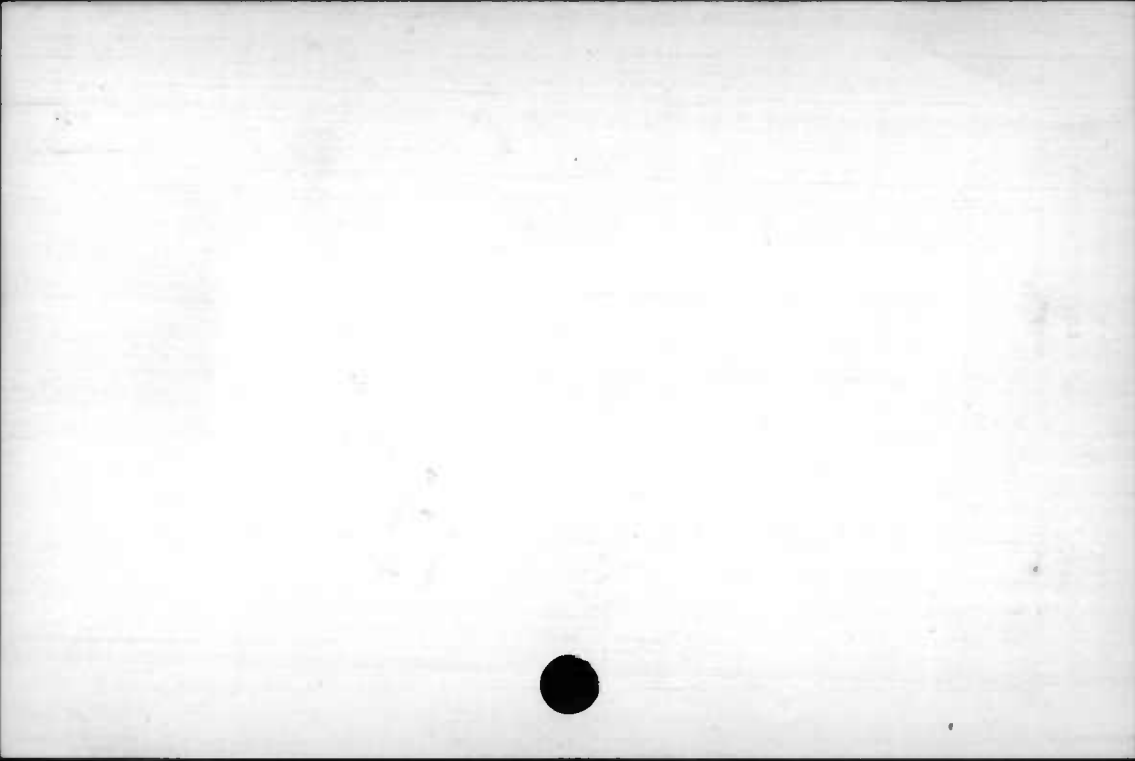
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lewis Mandy</i>		Town <i>City Hospital</i>		County <i>Fredrick Co</i>		MARYLAND	
Died at <i>City Hospital</i>		Date of death <i>1905</i>		Month <i>March</i>		Day <i>3rd</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>68</i>		Months <i>11</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>City Hospital</i>		Birth-place <i>Fredrick City</i>		Days <i>22</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Ella Reiddell</i>					
Father's Name <i>Peter Mandy</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Elizabeth Mobley</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hannie Mandy</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Chronic Interstitial Nephritis</i>		How long <i>Four or three years</i>	
Immediate Cause <i>Uremia</i>		How long <i>17</i> <i>2 or 3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Johnson M.D.</i>	
		Address <i>Fredrick Md.</i>	
Accident or Suicide?			



Name
in
Full

Anna Lammie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

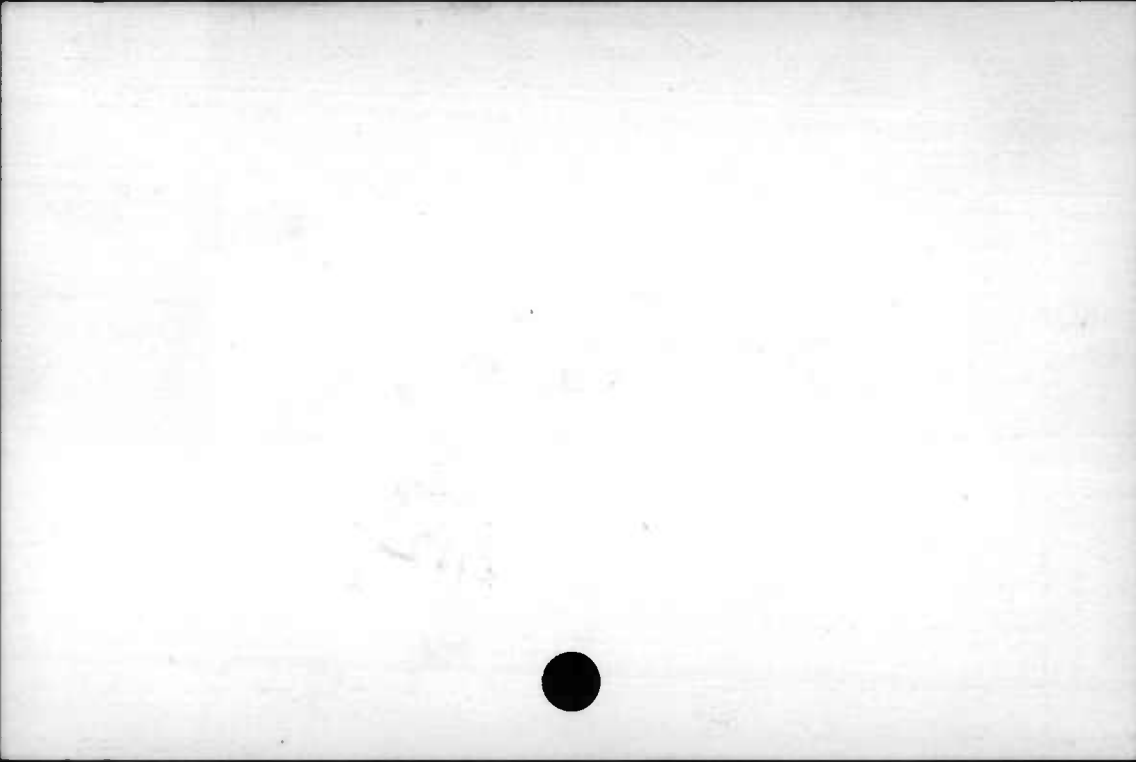
MARYLAND

Died at <u>Induech</u> ^{Town}		<u>Induech</u> ^{County}			
Date of death <u>1905</u>	<u>3</u> ^{Month}	<u>16</u> ^{Day}	Age <u>30 months</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Induech</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>X</u>		
Married , Single or Widowed			Name of Wife or Husband <u>X</u>		
Father's Name <u>Cleffor Miller</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mrs. Nellie Smith</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Physician</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

Primary <u>Imm. Premature</u>	How long <u>150</u>
Immediate <u>Deformity, Hernia Genit.</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. Charles H. Had</u>
	Address <u>Ind -</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Charles Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Monticome Hospital ^{County} Frederick

MARYLAND

Date of death 1908 ^{Month} Mar ^{Day} 5 ^{Age} 74 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} Black ^{Birth-place}^{Occupation} ^{Where Residing if not at place of death}^{Married, Single or Widowed} ^{Name of Wife or Husband}^{Father's Name} ^{Father's Birthplace}^{Mother's Maiden Name} ^{Mother's Birthplace}^{Name of person giving information} ^{How related to deceased}

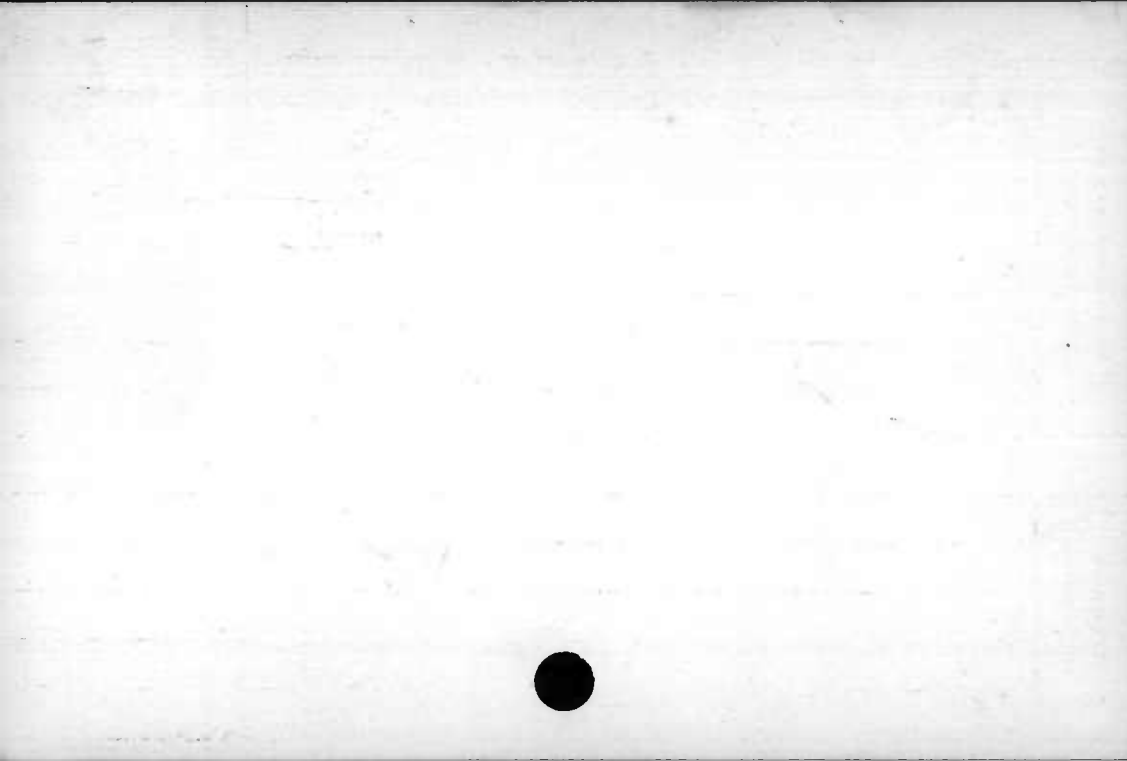
CAUSES OF DEATH

^{Primary} Carcinosis of Liver ^{How long} 12^{Immediate} Exhaustion ^{How long}

Are the name, age, sex, color, date and place correctly given above?

^{Signature of Physician}^{Address}

Accident or Suicide?



Name
in
Full

Lewis H. Mobbely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>12</u>	Age <u>75</u>	Months <u>2</u>	Days <u>29</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>	
Occupation <u>Government Employee</u>		Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Catharine Virginia Sumner</u>			
Father's Name <u>Levi Mobbely</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Rebecca Lambright</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>C.R. Mobbely</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cirrhosis of Liver</u>	How long <u>?</u>
Immediate <u>Colic</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. C. Cannon</u>
	Address <u>Frederick Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

Charlotte Mosh

CERTIFICATE OF DEATH

Died at ^{town} Middletown ^{County} Frederick

MARYLAND

Date of death 1905 ^{Month} Mar ^{Day} 8 ^{Years} Age about 60 ^{Months} ^{Days}Sex Female ^{Color or Race} Black ^{Birth-place} MarylandOccupation House-keeper ^{Where Residing if not at place of death}Married, Single or Widowed yes ^{Name of wife or Husband} Ephraim MoshFather's Name John Truman ^{Father's Birthplace} MdMother's Maiden Name C. Hallan ^{Mother's Birthplace} MdName of person giving information Corral Felt ^{How related to deceased} none

CAUSES OF DEATH

Primary Apoplexy - 64

How long 8 days

Immediate Meninge Coma 2 days

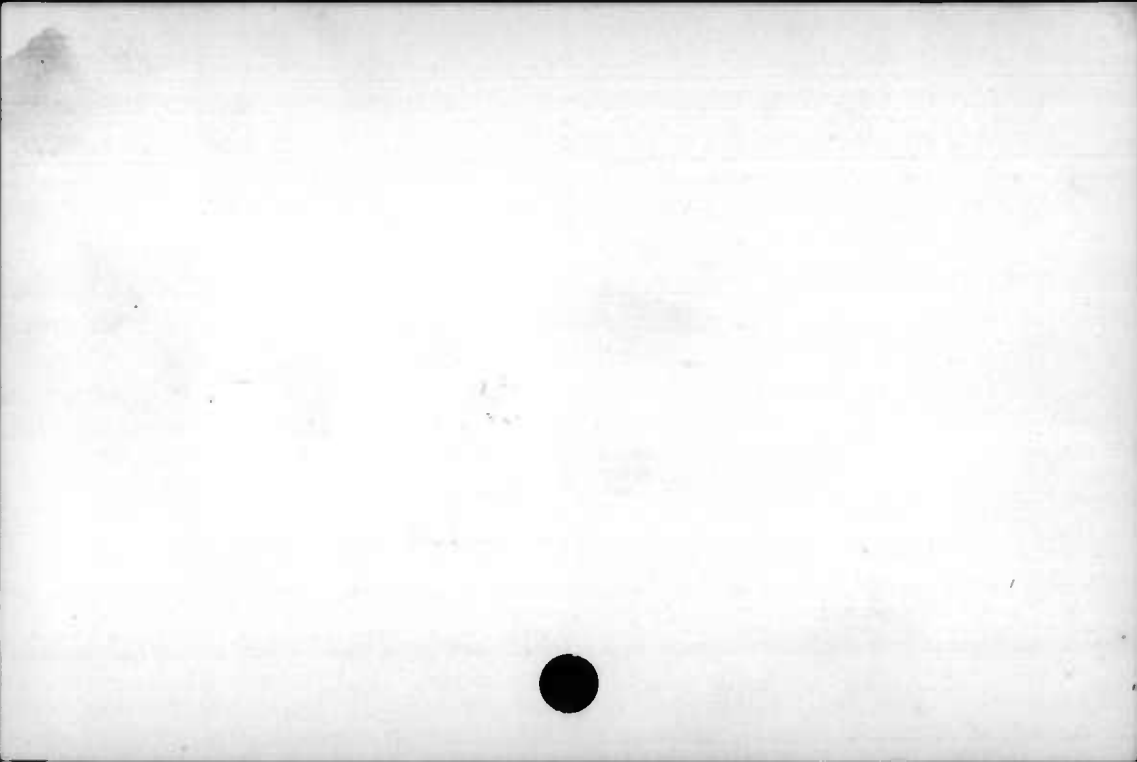
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician C. C. Jackson M.

Address Middletown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Maggie Oakley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Monte Hospital* ^{County} *Fredrick*

MARYLAND

Date of death *1908* ^{Month} *Mar* ^{Day} *30* ^{Years} *38* Months DaysSex *Female* Color or Race *Black* Birth-place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Dilatation of Heart -

How long

Immediate

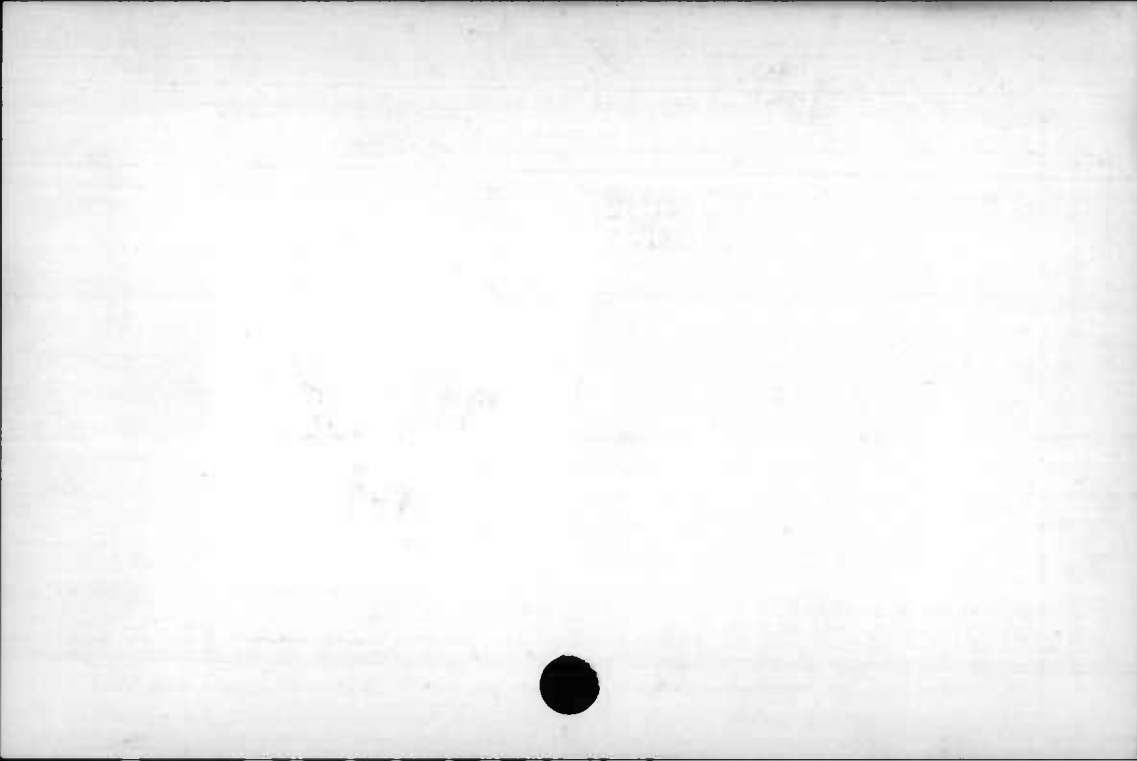
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. S. Lyson.
Fredrick
md

Accident or Suicide?



Name
in
Full

Rosa May Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at *near Hopville P.O.*

Town

County

*Frederick*Date
of death *1905*

Month

Mar

Day

4

Age

Years

9

Months

6

Days

19

Sex

*Female*Color or
Race*Colored*Birth-
place*Frederick Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Oliver Patterson*Father's
Birthplace*Penn*Mother's
Maiden Name*Mary M. Missner*Mother's
Birthplace*Frederick Co.*Name of person giving
Information*Mary M. Missner*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Nephritis acute

How long

6 weeks

Immediate

Uremic Convulsions

How long

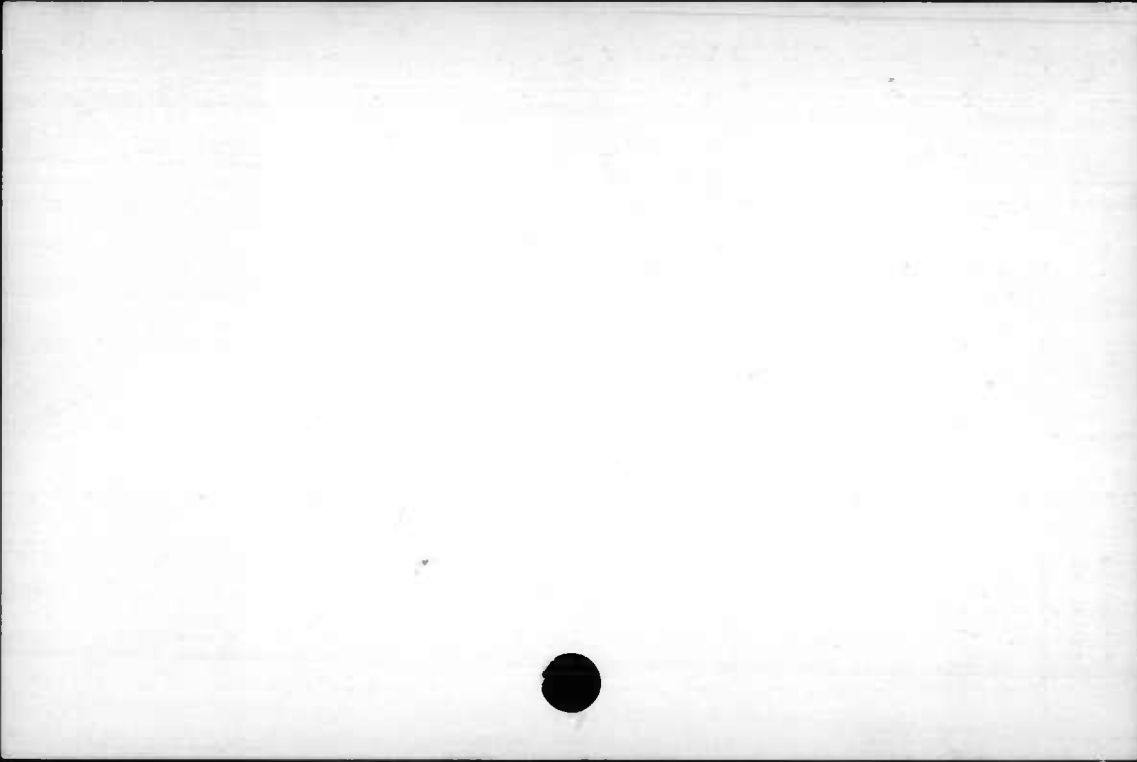
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. C. Kefauver*

Address

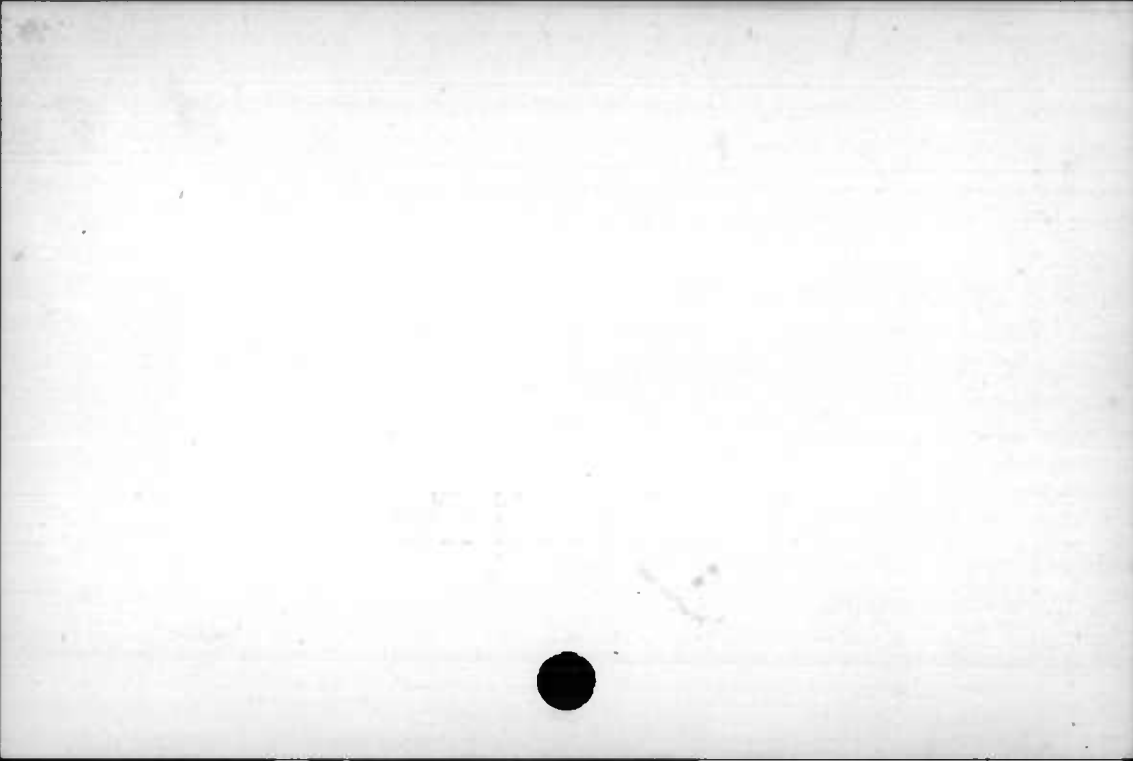
Thermont, Md.

Accident - Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Harry A. Peddicord				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Liberty Town		Frederick		MARYLAND		
	Date of death	1905	Month	Mar	Day	7	Age	73
	Sex	Male		Color or Race	White		Birth-place	Howard Co
	Occupation	Retired Farmer			Where Residing if not at place of death			
	Married, Single or Widowed	Widower		Name of Wife or Husband				
	Father's Name	Caleb Peddicord				Father's Birthplace	Baltimore Co	
	Mother's Maiden Name	Mary A. Sheets				Mother's Birthplace	Howard Co.	
Name of person giving information	Miss Annie Peddicord				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Atheromatous Arteries				How long	64	
	Immediate	Cerebral Hemorrhage				How long	14 hrs.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Liberty Town Md.			
Accident or Suicide?								



Name
in
Full

Lester Poole

CERTIFICATE OF DEATH

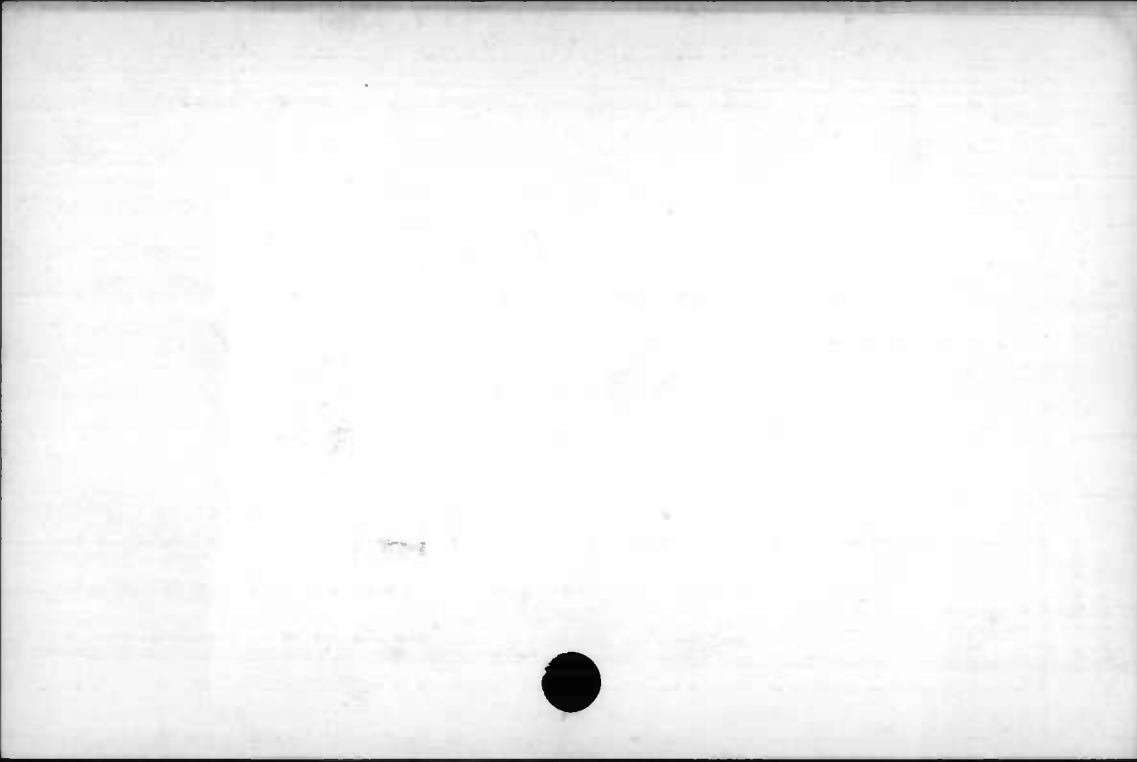
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoctin Furnace</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Mar</i>	Day <i>1st</i>	Age <i>7</i>	Years <i>7</i>	Months <i>7</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fredk Co Md</i>				
Occupation <i></i>			Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>				
Father's Name <i>Charles Poole</i>			Father's Birthplace <i>Fredk Co Md</i>				
Mother's Maiden Name <i>Lillie Postner</i>			Mother's Birthplace <i>Fredk Co Md</i>				
Name of person giving information <i>Charlie Postner</i>			How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>2 weeks</i>
Immediate <i>Broncho-Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes,</i>	Signature of Physician <i>C. C. Kefauver</i>
	Address <i>Thurmont, Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

Isabella Pryor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sabillasville

County Fred.

Date of death 1905

Month 3

Day 11

Age Years 79

Months 8

Days 2

Sex

Color or Race

White

Birth-place

Hask Co.

Occupation

House Wife.

Where Residing if not at place of death

Near Sabillasville

~~Married, Single~~
~~or Widowed~~

Widowed

Name of Wife or Husband

Joseph Pryor

Father's Name

Daniel Smith

Father's Birthplace

Hask Co.

Mother's Maiden Name

Isabella Smith

Mother's Birthplace

"

Name of person giving information

Hesley Pryor

How related to deceased

Son

CAUSES OF DEATH

Primary

Tuberculosis

How long

12 yrs

Immediate

Cardiac trouble

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. D. Kefauver

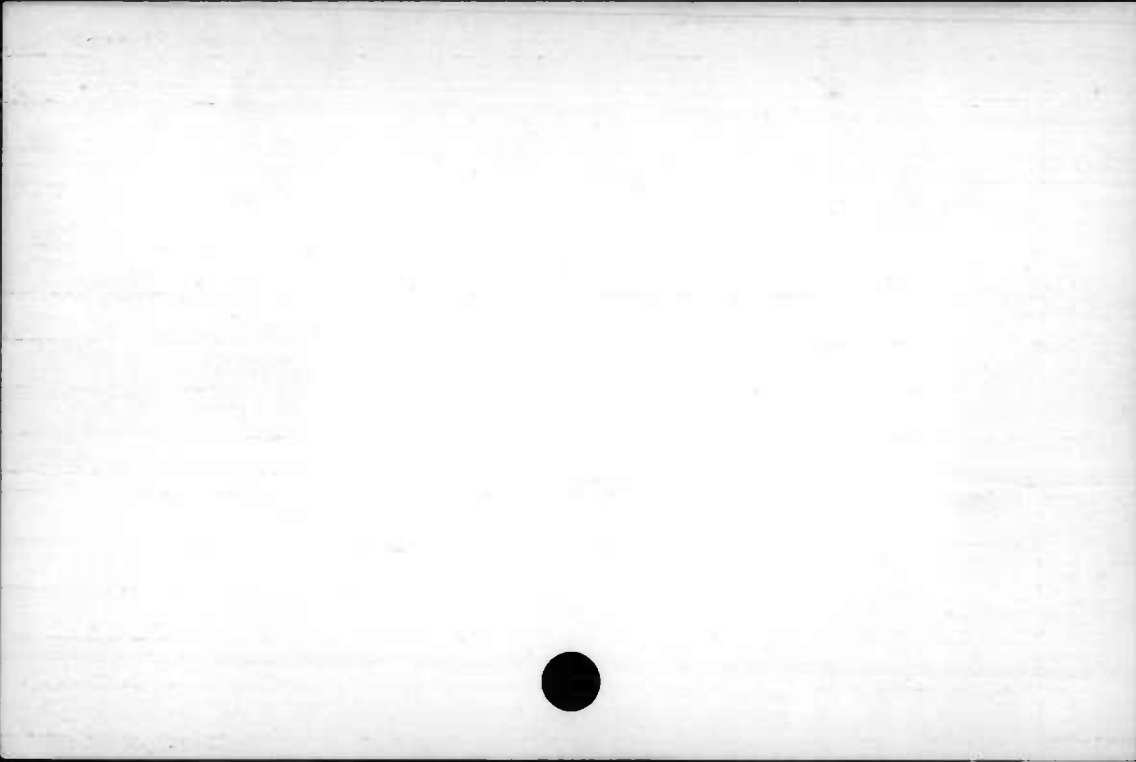
Address

Smithsburg
Md.

Accident or Suicide?

Neither

PHYSICIAN
OR CORONER



Name
in
Full

Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Craggsstown Ind</i>		County <i>Ind</i>		MARYLAND	
Date of death		Month <i>1905 3</i>		Day <i>14</i>		Years <i>Age Infant</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>		Months — Days —	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband <i>William</i> (?)		Father's Name <i>Saml. D. Rhodes</i>		Father's Birthplace <i>Poa</i>	
Mother's Maiden Name <i>Annie M. R. Kolb</i>		Mother's Birthplace <i>Ind</i>		Name of person giving In formation <i>J. D. Young MD</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Difficult Labor</i>	How long —
Immediate <i>Asphyxia</i>	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Young</i>
	Address <i>[Redacted]</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

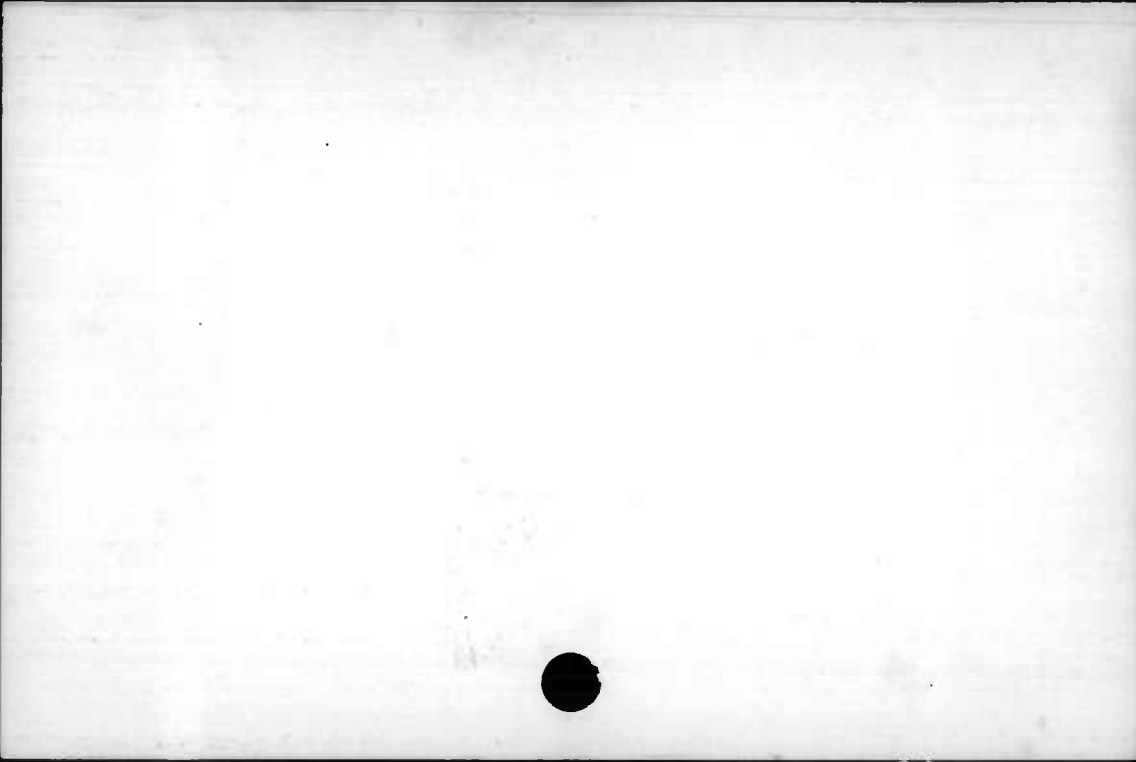
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Rider</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Emmitsburg</i>							
Date of death <i>1905</i>		Month <i>Mar.</i>		Day <i>12</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Emmitsburg</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Fred Rider</i>					
Father's Name <i>James Wris</i>		Father's Birthplace <i>Emmitsburg</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Joseph W. Rider</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Insufficiency</i>		How long <i>3 Years</i>	
Immediate <i>Heart Weakness</i>		How long <i>1 Year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. H. Stone</i>	
		Address <i>Emmitsburg Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoodsboro</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Mar</i>		Day <i>17</i>		Age <i>81</i>		Years <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Princeton</i>		Months		Days	
Married, <i>Widowed</i>				Occupation <i>Farmer</i>					
Name of Wife or <i>Mariah Emlet</i>									
Father's Name <i>George Rose</i>						Father's Birthplace <i>Pa.</i>			
Mother's Name <i>Elizabeth Rose</i>						Mother's Birthplace			
Name of person giving information <i>Jacob & Adam Rose</i>						How related to deceased <i>Sons</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>		How long <i>Immediate death</i>	
Immediate <i>Apoplexy</i>		How long.	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robt. L. Hammond</i>	
		Address <i>Woodsboro Md</i>	
Accident or Suicide?			



Name
in
Full

Ira C. - Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pearl* TownCounty *Frederick*

Date of death 1905 3

Day 26

Age X

Months 2

Days 8

Sex *Male*Color or
Race*Colored*Birth-
place*Pearl Md*

Occupation

*X*Where Residing if not
at place of death*X*Married, Single
or Widowed*X*Name of Wife or
Husband*X*Father's
Name*Samuel A. Ross*Father's
Birthplace*Md*Mother's
Maiden Name*Martha E. Barton*Mother's
Birthplace*Md*Name of person giving
In formation*S. A. Ross*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Acute Meningitis

How long

61 1 week

Immediate

Exhaustion

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. T. Long*

Address

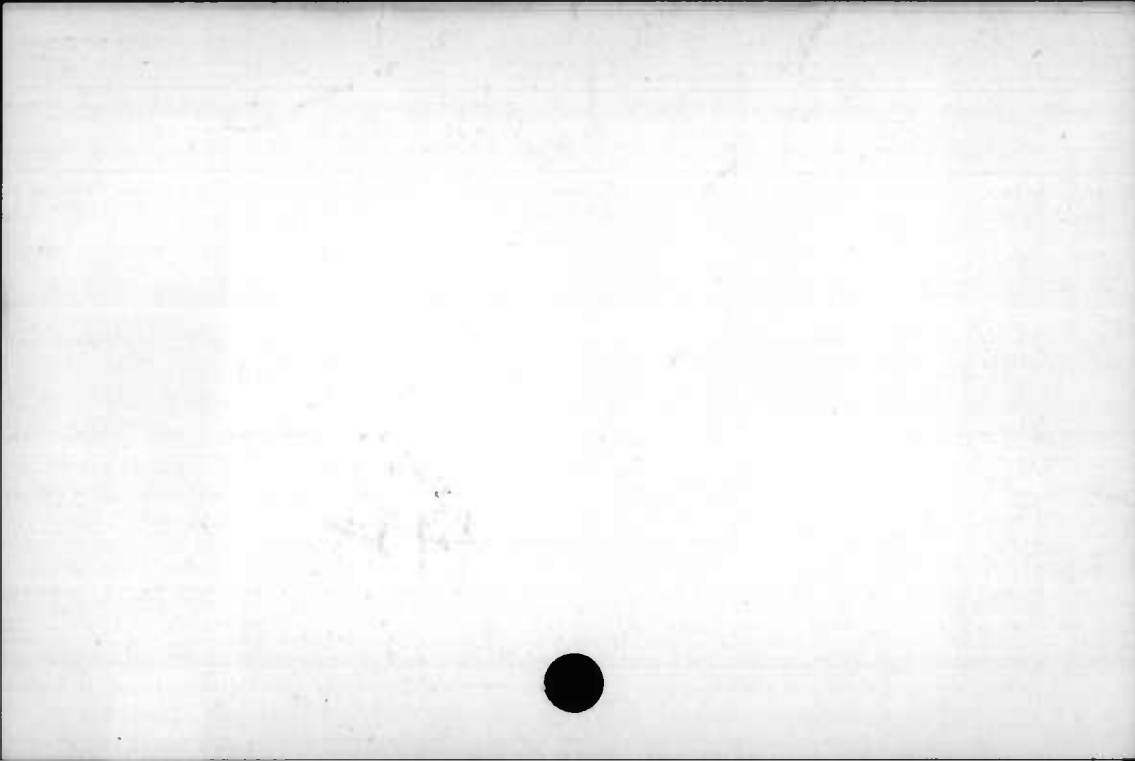
City -

Accident or Suicide?

Mar 27 - 1905 -

Barrenville
County to

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Unionville</i>				<i>Frederick</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>March</i>	Day <i>9</i>	Years <i>2</i>	Months		Days		
		Sex <i>Male</i>				Color or Race <i>White</i>		Birth-place <i>Near Unionville</i>			
		Occupation <i>None</i>				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name <i>Thos. E. Smith</i>				Father's Birthplace <i>Liberty Md.</i>					
		Mother's Maiden Name <i>Annie Fogle</i>				Mother's Birthplace <i>Maryland</i>					
		Name of person giving information <i>Harvey Long</i>				How related to deceased <i>Cousin</i>					
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Infantile Pneumonia</i>				How long <i>12 days -</i>					
		Immediate <i>Exhaustion</i>				How long <i>one day</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>				Signature of Physician <i>Thos. P. Sappington</i>					
						Address <i>Unionville</i>					
						<i>Maryland</i>					
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Elysa Spriggs*
Town *Monticello*

County

Frederick

MARYLAND

Died at

Date

of death *1905*

Month

3

Day

12

Age

Years

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*_____*

Occupation

*Servant*Where Residing if not
at place of death*_____*Married, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
Name*_____*Father's
Birthplace*_____*Mother's
Maiden Name*_____*Mother's
Birthplace*_____*Name of person giving
In formation*_____*How related
to deceased*_____*

CAUSES OF DEATH

Primary

Carcinoma of Uterus

How long

42

Immediate

Exhaustion

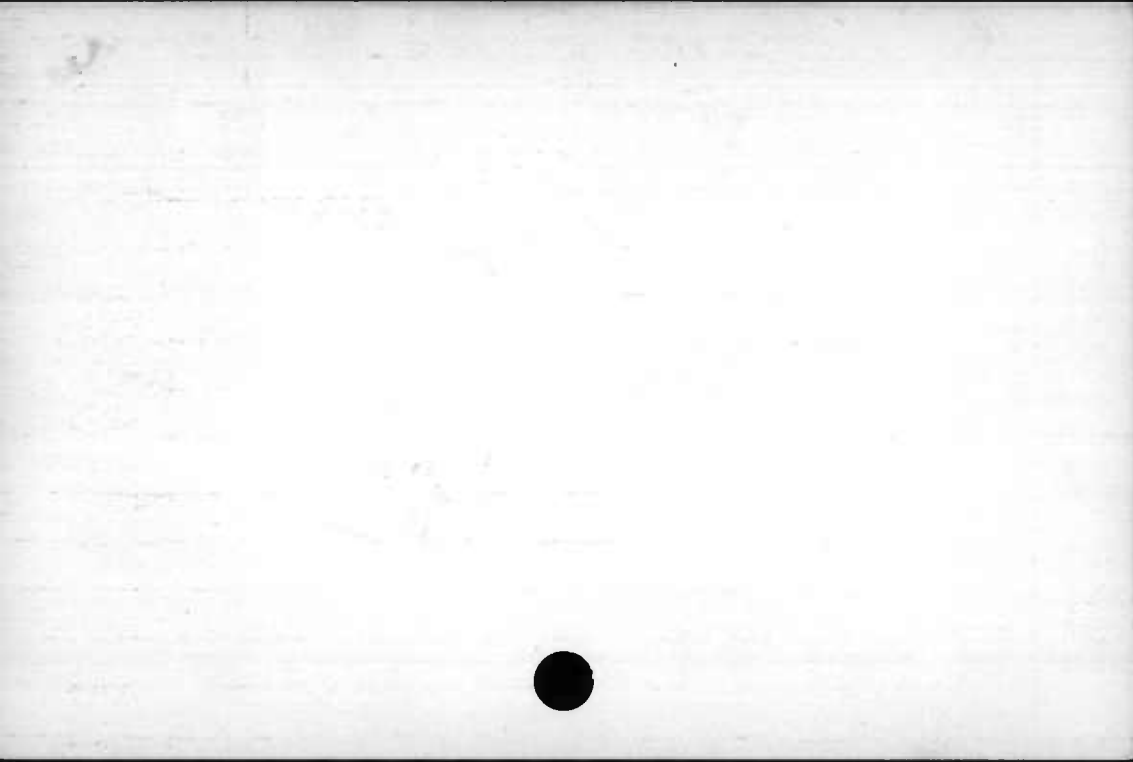
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*R. L. Lyson**Frederick**Md.*

Accident or Suicide?



Name
in
Full

Emanuel J. Suckman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Jefferson		Frederick		MARYLAND	
Date of death	1903	Month	3	Day	11	Years	Age 72
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth-place		Near Jefferson	
Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Mary W. Higgins	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Son Walter Suckman		How related to deceased		Son	

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	How long	64
Immediate	Apoplexy	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. H. Boteler Gross	
Address		Jefferson Frederick Co Md	
Accident or Suicide?			

PHYSICIAN
OR CORONER

Mar 12
R. cemetery

Name
in Full

Frederick A Stull

CERTIFICATE OF DEATH

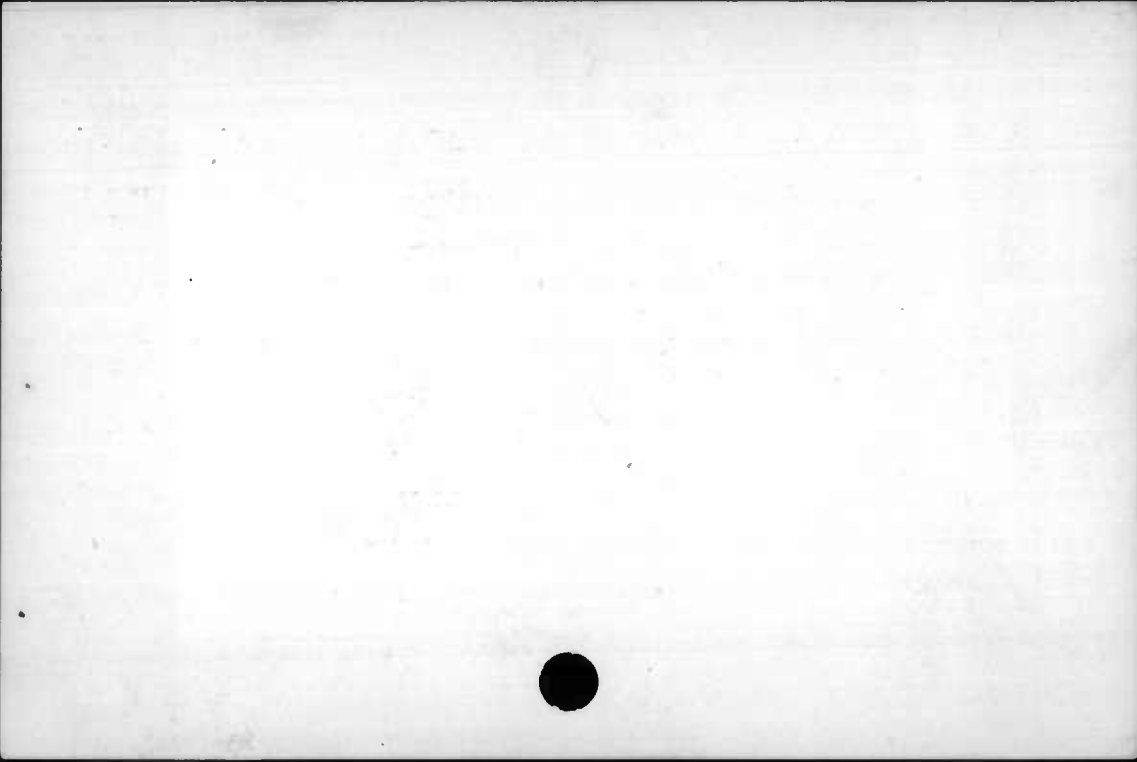
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lewisport</u> Town		<u>Fred's</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>20</u>	Age <u>69</u>	Months <u>5-</u>	Days <u>5-</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fred Co.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Ann B. Holb-</u>				
Father's Name <u>Jacob Stull</u>	Father's Birthplace <u>Fred Co.</u>				
Mother's Maiden Name <u>Eva Staley</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Fred Stull</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>19</u>	How long
Immediate <u>Valvular lesion of heart and droning</u>		How long <u>Six months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. S. Nightown</u>	
	Address <u>Lewisport Md.</u>	
Accident or Suicide?		



Name
in
Full

Daniel Swadener

CERTIFICATE OF DEATH

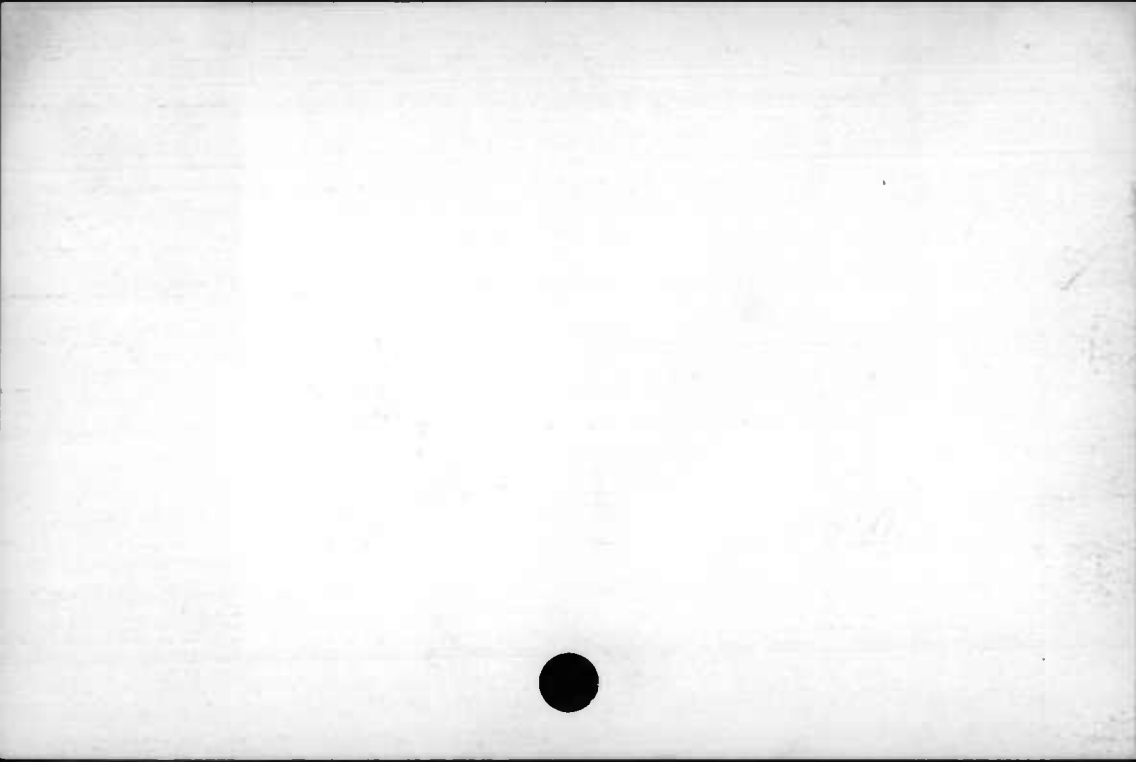
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Libertytown</i> <small>Town</small>		<i>Fredk.</i> <small>County</small>		MARYLAND		
Date of death	<i>1905</i>	<i>3</i> <small>Month</small>	<i>31</i> <small>Day</small>	<i>77</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Libertytown</i>	
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death	<i>Libertytown</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Clémentine Swadener</i>		
Father's Name	<i>Daniel Swadener</i>			Father's Birthplace	<i>Libertytown</i>	
Mother's Maiden Name	<i>Rebecca Bear</i>			Mother's Birthplace	<i>id</i>	
Name of person giving information	<i>F. E. Swadener</i>			How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Complications</i>	How long	<i>one year</i>
Immediate	<i>Heart Failure</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Bra H. Beall</i>
		Address	<i>Libertytown, Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Sarah C. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1905	Month Mar	Day 8	Age 68	Months 4	Days 4
Sex	Female	Color or Race	white		Birth- place	Md.	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Nolley W Thomas				
Father's Name	B. Dean				Father's Birthplace	Md	
Mother's Maiden Name	Anne Plummer				Mother's Birthplace		
Name of person giving In formation	Samuel Thomas				How related to deceased	Son	

CAUSES OF DEATH

Primary	Carcinoma of Kidney	How long	7 mo
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Dra Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>"</i>		County <i>"</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>3</i>	Day	<i>22</i>	Age	<i>62</i>
Sex <i>Male</i>		Color or Race <i>Wh</i>		Birth-place <i>md</i>			
Occupation <i>Banker</i>		Where Residing if not at place of death		<i>X</i>			
Married, Single or Widowed		Name of Wife or Husband		<i>X</i>			
Father's Name <i>Geo. M. Tyler</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ann M. Tate</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Miss Eleanor Tyler</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Brights Disease</i>	How long <i>6 mos</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Goodell</i>
	Address <i>Frederick</i>
Accident or Suicide? <i>No</i>	<i>md</i>

Moberly

Mar 24 1905

C. C. Leach

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Urban Whiten</i>		Town <i>Hall</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Hall</i>		Month <i>8</i>		Day <i>2</i>		Years <i>2</i>	
Date of death 190 <i>8</i>		Month <i>8</i>		Day <i>2</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Hall Town</i>		Months <i>5</i>	
Married, Single or Widowed		Occupation		Days			
Name of Wife or Husband		Father's Name <i>Robert J. Whiten</i>		Father's Birthplace <i>Hall Town</i>			
Mother's Maiden Name <i>Mary V. Whiten</i>		Mother's Birthplace <i>Buckeystown</i>		How related to deceased <i>Father</i>			
Name of person giving information							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long <i>Two weeks</i>
Immediate	<i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. R. Etchison</i>
		Address <i>Undertaker, Jefferson, Md.</i>
Accident or Suicide?		

Mar. 4
Point of Rocks

Name in Full		Infant				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Walkerville</u> Town			<u>Frederick</u> County			MARYLAND	
		Date of death 190 <u>5</u>		Month <u>March</u>	Day <u>25</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>			Birth-place <u>Walkerville</u>		
		Married, Single or Widowed				Occupation			
		Name of Wife or Husband <u>Amanda Melhede</u>							
		Father's Name <u>David Melhede</u>				Father's Birthplace <u>Walkerville</u>			
		Mother's Maiden Name <u>Amanda Hahn</u>				Mother's Birthplace <u>"</u>			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <u>Parent</u>				How related to deceased <u>S.</u>			
		CAUSES OF DEATH							
		Primary					How long		
							How long		
		Immediate							
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>					Signature of Physician <u>Dr. A. J. Clemens</u>		
		<u>Still Born</u>					Address <u>Walkerville</u>		
		Accident or Suicide?					<u>Ind.</u>		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1905		Mar	27 th	Age 35	0	20	
Sex	Male		Color or Race	White		Birth-place	Mountain View
Occupation	Merchant		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband Clara L. Williams				
Father's Name	James H. Williams				Father's Birthplace	Mountain View	
Mother's Maiden Name	Eveline Williams				Mother's Birthplace		
Name of person giving information	Wm. Williams				How related to deceased	Brother	

CAUSES OF DEATH

Primary	Alcoholism		How long	15-6	How long	15-6
Immediate	Urbanian Brown		How long	3 days	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Daniel E. Stone	
				Address	Mountain View Md.	
Accident or Suicide?						



Name
in
Full

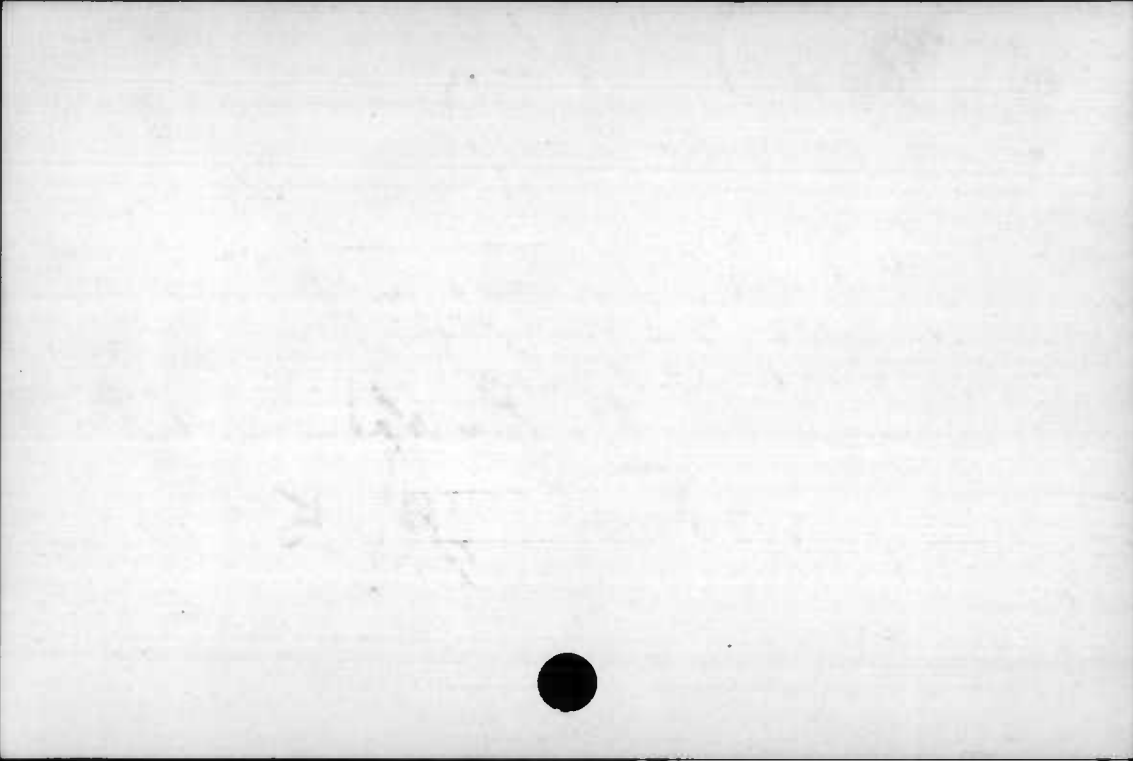
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Mar	28 th	Age 78	11	28	
Sex	Male	Color or Race	White	Birth-place	Urbana		
Occupation	Farmer -			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband				
Mary R. D. Simmons -							
Father's Name	Geo. H. Worthington			Father's Birthplace	Ibid		
Mother's Maiden Name	A. H. Dorsey			Mother's Birthplace	Ibid		
Name of person giving information	Gleason Worthington			How related to deceased	Son		

CAUSES OF DEATH

Primary	Cystitis & Enlarged Prostate	How long	5 Years -
Immediate	Uremia & Enteritis	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. E. Mullinix -
		Address	Urbana -
			W.D.
Accident or Suicide?			



Name
in
Full

Ralph Tycher.

CERTIFICATE OF DEATH

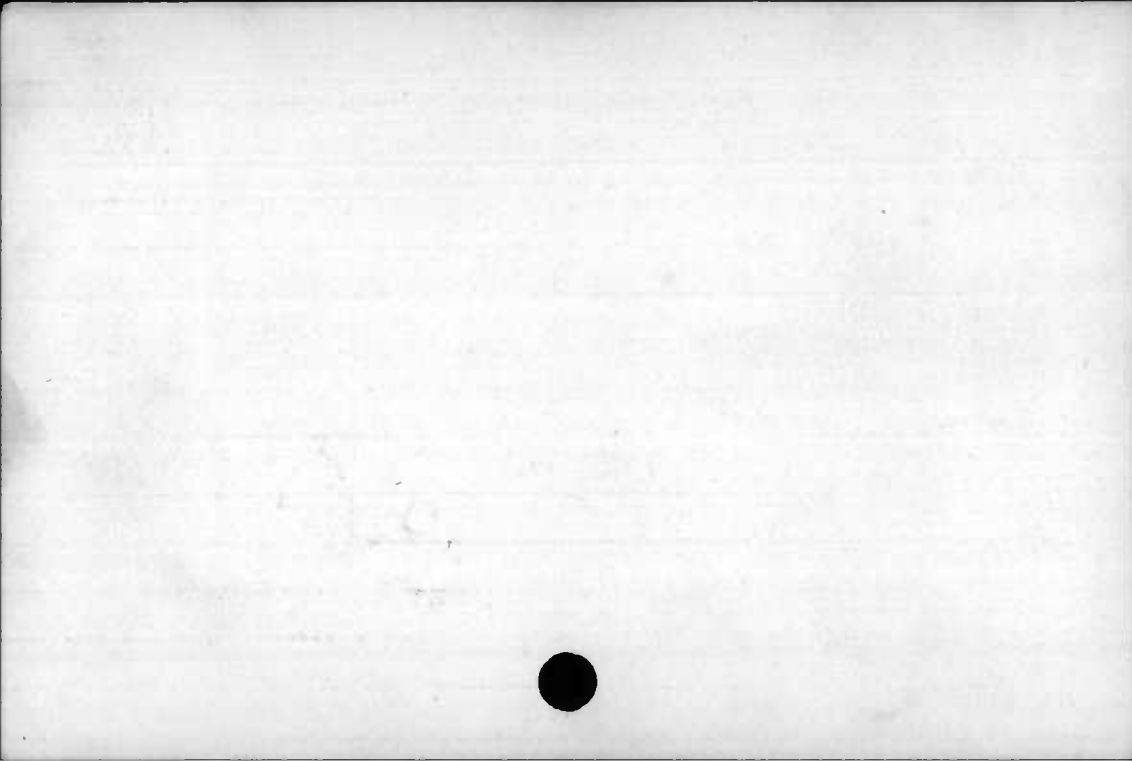
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Burgettsville		County		Frederick		MARYLAND		
Date of death	1905	Month	Mar.	Day	13	Age	7	Years	Months	Days
Sex	Male		Color or Race	White		Birth-place	Md.			
Occupation	School boy					Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband							
Father's Name	Samuel Tycher					Father's Birthplace	Md.			
Mother's Maiden Name	Angeline Mulleudon					Mother's Birthplace	Md.			
Name of person giving information	Samuel Tycher					How related to deceased	Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lagrippe	How long	about one week
Immediate	Cerebral Meningitis	How long	one 1/2
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	C. H. Schultreep
		Address	Burgettsville
Accident or Suicide?			Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* TownCounty *Frederick*Date of death *1905*Month *3*Day *21*Age *83* YearsMonths *+*Days *x*Sex *Male*Color or Race *White*Birth-place *Germany*Occupation *Shoemaker*Where Residing if not at place of death *x*

Married, Single or Widowed

Name of Wife or Husband *x*Father's Name *Do not know*Father's Birthplace *German*Mother's Maiden Name *" " "*Mother's Birthplace *German*Name of person giving information *J. D. Smith*How related to deceased *son*

CAUSES OF DEATH

Primary *Senile*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. William Buchanan*Address *Frederick Md*Accident or Suicide? *x*PHYSICIAN
OR CORONER

Mo County-

Mar 23 1904

C. C. Cady